

Dr S Gnanachelvan & Partners

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



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 Dr S Gnanachelvan & Partners on 10 February 2015.

Overall the practice is rated as requires improvement.

Specifically, we found the practice to require improvement for providing safe, effective and well-led services. It also required improvement for providing services for all six population groups: 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 a caring and responsive service.

Our key findings were as follows:

- The practice worked in collaboration with other health and social care professionals to support patients' needs.

- The practice promoted good health and prevention and provided patients with suitable advice and guidance.
- The practice provided a caring service. Patients indicated that staff were caring and treated them with dignity and respect. Patients were involved in decisions about their care.
- The practice understood the needs of its patients and was responsive to these. It recognised the needs of different groups in the planning of its services.
- The practice learned from patient experiences, concerns and complaints to improve the quality of care.

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

Importantly, the provider must:

- Ensure there are appropriate systems in place to assess, monitor and improve the quality and safety of the services provided, including those to assess,

Summary of findings

monitor and mitigate the risks relating to the health, safety and welfare of patients and staff, in relation to infection control processes, medicines management and fire safety.

- Ensure gaps in staff training in safeguarding, infection control, medical emergencies and fire safety are addressed and evidence of all training completed is documented in staff records; arrange for documentary evidence of the completion of the induction process to be recorded in individual staff records; and ensure annual appraisals are conducted for all staff.
- Ensure patients are fully protected against the risks associated with the recruitment of staff, in particular in the recording of recruitment information and in ensuring all appropriate pre-employment checks are carried out and recorded prior to a staff member taking up post. Where criminal records checks are not carried out for some staff, this should be risk assessed to evidence why.

In addition the provider should:

- Ensure evidence of discussion of significant events and the communication of lessons learned from them is recorded in the minutes of practice meetings.
- Ensure regular checks are carried out on medical emergencies equipment are recorded.
- Review the practice's business continuity plan and ensure references to other agencies is up to date and accurate.
- Put in place a consent policy for carrying out all examinations and providing treatment to patients.
- Ensure the practice's whistleblowing policy is up to date and staff are made aware of it.
- Check all policies are dated to indicate when they are due for review.
- Record in governance meeting minutes action agreed to drive improvement, enable follow up and review of progress to be tracked at subsequent meetings.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services. Systems and processes were not always implemented well enough to ensure patient safety.

The practice kept records of significant events and staff we spoke with told us the outcome of significant events was discussed with them. However, these discussions and the communication of lessons learned were not routinely recorded in the minutes of practice meetings.

The practice had a policy for the safeguarding of both children vulnerable adults and staff we spoke with knew how to recognise signs of abuse. However, no administrative staff had received child protection training and there were gaps in staff records to confirm the training some nursing and GP staff had undertaken. Administrative staff who occasionally acted as a chaperone had not undergone a criminal records check. Records were only available for one of the nurses and one of the GPs to confirm training in safeguarding of vulnerable adults.

There was a system in place for the management of high risk medicines, which included regular monitoring in line with national guidance. Medicines stored in the treatment rooms and medicine refrigerators were stored securely and were only accessible to authorised staff. Processes were in place to check medicines were within their expiry date and suitable for use. However, the practice's medicines management policy was dated November 2007 and was in need of review and updating. The reporting of a problem with the medicines refrigerator to relevant authorities had not been documented. We found two expired tubes of lubrication gel had been not been disposed of appropriately. We were told all the necessary patient group directions (PGDs) for nurses to administer medicines were signed as required but the documentation for this was not available during the inspection. No record was kept of the serial number of prescriptions kept in doctors' bags which is not in accordance with national guidance on prescription security.

There was an infection control policy in place and we observed the premises to be clean and tidy. However, the practice did not comply fully with the Department of Health's 'The Health and Social Care Act 2008: Code of Practice for Health and Adult Social Care on the Prevention and Control of Infections and Related Guidance'.

Requires improvement



Summary of findings

There were shortcomings in the practice's recruitment processes and in some case there was no documentary evidence of pre-employment checks. Criminal records checks had not been undertaken for administrative staff and there was no documented risk assessment stating the rationale for not checking these staff.

The practice had health and safety and fire safety policies in place. However, there had been no recent health and safety risk assessment of the building and environment. There was no documentary evidence that staff had undertaken fire safety training since their induction. The practice had not carried out a recent fire risk assessment of the premises. No regular fire alarm tests were carried out by the practice between annual checks. There was no planned schedule of fire evacuation drills and no record that any had taken place.

Appropriate equipment was available for medical emergencies and we saw it was operational. Regular checks were carried out on the equipment but the checks were not recorded.

Are services effective?

The practice is rated as requires improvement for providing effective services. There were arrangements in place to support staff appraisal, learning and professional development, including mandatory training and additional learning and development identified as part of the appraisal system. However, the practice had not completed recent appraisals for two staff and there were some gaps in the training administrative and clinical staff had received.

Patient's needs were assessed and care was planned and delivered in line with current legislation. The practice worked in collaboration with other health and social care professionals to support patients' needs and provided a multidisciplinary approach to their care and treatment.

The practice had a vaccination and immunisation policy which required that consent was obtained before they were administered. However, there was no general policy on consent.

The practice promoted good health and prevention and provided patients with suitable advice and guidance. The practice offered a full range of immunisations for children. The practice also used the information collected for QOF and their performance against national screening programmes to monitor outcomes for patients. The practice was not an outlier for any QOF (or other national) clinical targets.

Requires improvement



Are services caring?

The practice is rated good for providing caring services. Data from the national GP patient survey showed that 85% of patients said

Good



Summary of findings

their overall experience of the practice was good. Patients said they were treated with dignity and respect and were involved in decisions about their care and treatment. Patients commented that staff were polite and supportive in their approach and they received personalised care which met their needs.

Information to help patients understand the services available was easy to understand. We also saw that staff treated patients with kindness and respect.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services. The practice understood the needs of its patients and was responsive to these. Data from the national GP patient survey showed the practice was rated above average in the CCG area for the experience of making an appointment but below average for waiting time to be seen. The views from patients we spoke with and who completed comment cards were mostly positive about access to the service. The practice had taken a number of steps to improve accessibility in the light of feedback. There was an effective complaints system. Lessons learned were communicated to staff when individual complaints were concluded.

Good



Are services well-led?

The practice is rated as requires improvement for being well-led. The practice had a vision and mission statement. Staff were able to articulate the essence of what it contained and it was clear that patients were at the heart of the service they provided. There was an open culture, staff had clearly defined roles which they knew and understood and felt supported in their work. However, not all staff had received an appraisal in the current year and there were some gaps in their refresher training in a number of areas. Staff told us they had undergone an induction process on appointment but there was no documentary evidence of the completion of the process on staff records. The practice held regular governance meetings which were formally minuted but there was no consistent structure to the agendas of the meetings and we did not see evidence of action planning or follow up in the light of issues discussed. The practice sought feedback from staff and patients including the patient participation group (PPG). There was a whistleblowing policy but the policy was dated January 2013 and needed updating, and not all staff we spoke with were aware of the policy. The practice regularly reviewed and updated QOF data throughout the year but we did not see

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 in the key questions of safe, effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group, older people. The practice participated in an enhanced service scheme for unplanned admissions and had a process for following up patients following discharge. Home visits were carried out for older patients who were not well enough to attend the surgery. Longer appointments were available to patients who needed them. The practice supported a local care home and a GP from the practice visited the home monthly to review patients' needs. There were appropriate end of life care arrangements in place. The practice had a palliative care register and had regular internal as well as multidisciplinary meetings to discuss the care and support needs of patients and their families.

Requires improvement



People with long term conditions

The practice is rated as requires improvement in the key questions of safe, effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group, people with long term conditions. The practice provided chronic disease management services for patients with diabetes, asthma, hypertension, coronary heart disease (CHD) and chronic obstructive pulmonary disease (COPD). Annual reviews including a medication review were carried out on all patients with long-term conditions in line with best practice guidance. The practice regularly monitored and reviewed risks to individual patients and updated patient care plans accordingly. It had recently completed an audit of chronic kidney disease (CKD) to check the practice was meeting the National Institute for Health and Care Excellence (NICE) CKD monitoring guidelines. The practice participated in an external peer review with other practices in the CCG area to compare its data on prescribing and the management of patients with long-term conditions. Flu and pneumococcal vaccinations were offered to patients in at risk groups, including patients with long-term conditions. For patients with long-term conditions home visits were available and longer appointments provided when needed.

Requires improvement



Families, children and young people

The practice is rated as requires improvement in the key questions of safe, effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this

Requires improvement



Summary of findings

population group, families, children and young people. The practice had systems in place to monitor families and children at risk. These included regular multidisciplinary team meetings to discuss the needs of complex patients, for example those with end of life care needs or children on the at risk register. The practice ran baby immunisation and child health and development clinics. The practice provided a family planning service, including fitting/removal of intrauterine contraceptive devices (IUCD) and cervical smear testing. Flu vaccination was offered to pregnant women. The practice's performance for cervical smears was 74.3% in 2013/14, 9.4% below the CCG average. The practice offered a full range of immunisations for children. The practice had a child protection policy in place and there was a named GP lead for safeguarding. However, administrative staff had not received formal child protection training and there were gaps in staff records to confirm the training some nursing and GP staff had undertaken.

Working age people (including those recently retired and students)

The practice is rated as requires improvement in the key questions of safe, effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group, working-age people (including those recently retired and students). The practice was accessible to working people. For example, the practice operated extended hours on Monday and provided a telephone triage service. On line registration, appointment booking and prescription were available within the practice's new computer system but staff were awaiting training so these services were not yet operating at the time of the inspection. The practice offered a range of health promotion and screening services which reflected the needs for this age group. The practice offered all patients in the 40-74 age group a health check. Those at risk of heart disease, stroke, diabetes, high blood pressure and certain cancers were offered a health check every five years. All newly registering patients aged 18 and over were invited to a new registration consultation with a GP to help identify and plan their medical needs. The GP and nurses provided advice and information for patients on a range of issues including diet and healthy eating, smoking cessation, healthy living and lifestyle management and sexual health. There were also well woman and well man clinics.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement in the key questions of safe, effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group, people whose circumstances may make them vulnerable. The practice had an open registration policy towards

Requires improvement



Summary of findings

vulnerable groups such as the homeless and travellers, although there were none on the practice's register at the time of the inspection. Patients with a learning disability were supported to make decisions through the use of care plans, which they were involved in agreeing. These care plans were reviewed annually (or more frequently if changes in clinical circumstances dictated it). Physical health checks were offered as part of the review. Patients with a learning disability were booked at the end of surgery sessions to avoid undue waiting and potential distress. Staff showed some understanding of how to recognise signs of abuse in vulnerable adults. However, records were only available for one of the nurses and one of the GPs to confirm training in this area. The practice had access to an interpreter service and staff spoke several different languages in addition to English. The practice information leaflet was also available in different languages. The premises and services had been adapted to meet the needs of patients with physical disabilities.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement in the key questions of safe, effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group, people experiencing poor mental health (including people with dementia). The practice participated in a CCG enhanced service for patients with dementia and had a process in place to refer patients to a local memory clinic. Regular reviews and medication management plans and recall protocols were in place for patients on high risk medicines, including medicines for patients with mental health conditions. We found that clinical staff were aware of the Mental Capacity Act 2005 with regard to mental capacity and best interest assessments in relation to consent. The three GP partners had attended relevant training but we did not see evidence of this for nursing staff.

Requires improvement



Summary of findings

What people who use the service say

We spoke with eight patients during our visit and received 16 comment cards completed by patients prior to our visit. Patients we spoke with made positive comments about their experience of making an appointment and said they were not usually kept waiting long. Patients informed us that clinical staff were helpful and supportive and they had confidence in them. They said they were involved in making decisions about the care and treatment they received; the GPs and nurses listened to them and took time to explain things to them in ways they understood. Patients said GPs 'chased up' referrals which had been made to secondary health care services and kept them up to date with the progress of their referrals.

Comment cards indicated patients were satisfied with the service they received. The majority of the comment cards contained positive comments about staff, with patients

stating they were polite, professional and supportive. Patients gave us examples of how they had received personalised care from the practice and how this helped them to feel supported.

The results from the National GP patient survey 2014 showed the practice was rated among the best for being able to get through to the practice by phone. Ninety-five percent of patients who responded said they found it easy to get through to the surgery by phone. This was in comparison to the CCG average of 72%. Eighty-five percent of patients said their overall experience of the practice was good.

The practice carried out a patient survey in 2014 and 150 patients across both the main and branch surgeries responded. Ninety-five percent of patients responded that they were satisfied with the practice. Patients expressed a preference in the survey, to keep both surgeries open rather than have the service transferred to a poly clinic at a single location

Areas for improvement

Action the service MUST take to improve

- Ensure there are appropriate systems in place to assess, monitor and improve the quality and safety of the services provided, including those to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients and staff, in relation to infection control processes, medicines management and fire safety.
- Ensure gaps in staff training in safeguarding, infection control, medical emergencies and fire safety are addressed and evidence of all training completed is documented in staff records; arrange for documentary evidence of the completion of the induction process to be recorded in individual staff records; and ensure annual appraisals are conducted for all staff.
- Ensure patients are fully protected against the risks associated with the recruitment of staff, in particular in the recording of recruitment information and in ensuring all appropriate pre-employment checks are

carried out and recorded prior to a staff member taking up post. Where criminal records checks are not carried out for some staff, this should be risk assessed to evidence why.

Action the service SHOULD take to improve

- Ensure evidence of discussion of significant events and the communication of lessons learned from them is recorded in the minutes of practice meetings.
- Ensure regular checks are carried out on medical emergencies equipment are recorded.
- Review the practice's business continuity plan and ensure references to other agencies is up to date and accurate.
- Put in place a consent policy for carrying out all examinations and providing treatment to patients.
- Ensure the practice's whistleblowing policy is up to date and staff are made aware of it.
- Check all policies are dated to indicate when they are due for review.

Summary of findings

- Record in governance meeting minutes action agreed to drive improvement, enable follow up and review of progress to be tracked at subsequent meetings.

Dr S Gnanachelvan & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a **CQC Lead Inspector**. The team included a GP and a second CQC inspector.

The GP on the inspection team was granted the same authority to enter registered persons' premises as the CQC inspectors.

Background to Dr S Gnanachelvan & Partners

Dr S Gnanachelvan & Partners provides primary medical services at Highland Medical Practice through a Personal Medical Services (PMS) contract to around 3,000 patients in the Bromley area of South East London. The provider also provides services from another practice nearby, in Orpington called The Tubbenden Lane Surgery which is registered with the CQC as a separate location and was not therefore visited as part of the inspection. The practice serves above average numbers of female patients in the 35-85 age groups and above average numbers of males in the 50-85 age groups. The practice population is predominantly white British but also serves patients from other ethnic groups including Indian, Pakistani, Bangladeshi, Chinese, African and Caribbean backgrounds.

The practice is registered to carry on the following regulated activities: Diagnostic and screening procedures;

Family planning; Maternity and midwifery services; Surgical procedures; and Treatment of disease, disorder or injury. However, at the time of our inspection no surgical procedures were being carried on at the practice.

The practice team is made up of a team of GPs, three of whom are GP partners who own the practice and one salaried GP. Two of the GPs are female and two are male. The practice employs a practice manager, two nurses, six reception/administrative staff.

The practice is a teaching and training practice, although no trainee doctors or students were in place at the time of our inspection.

The practice is open from 8.00am to 8.00pm on Monday, and from 8.00am to 6.30pm Tuesday to Friday.

Consultations are available from 9.00am to 11.00 am Monday to Friday and 5.00pm to 8.00pm on Monday and 5.00pm to 6.30pm Tuesday to Friday.

Out of hours services are provided by a local provider. Access to the service is via the national NHS 111 call line. The NHS 111 team will assess the patient's condition over the phone and if it is clinically appropriate, will refer the case to the out of hours service. Patients are advised of the out of hours service on the practice's website and in the practice waiting area.

Why we carried out this inspection

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

Detailed findings

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.

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 liaised with NHS Bromley Clinical Commissioning Group (CCG), Healthwatch Bromley and NHS England.

We carried out an announced visit on 10 February 2015. During our visit we spoke with eight patients and a range of staff including three GPs, the practice manager and reception staff. We reviewed 16 comments cards where patients who visited the practice in the week before the inspection gave us their opinion of the services provided. We observed staff interactions with patients in the reception area. We looked at the provider's policies and records including, staff recruitment and training files, health and safety, building and equipment maintenance, infection control, complaints, significant events and clinical audits. We reviewed personal care plans and patient records and looked at how medicines were recorded and stored.

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve patient safety. For example, reported incidents and 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. There were appropriate systems for managing and disseminating patient safety alerts and guidance issued by the National Institute for Health and Care Excellence (NICE). There was a nominated GP lead responsible for reviewing and distributing any alerts and guidelines to staff within the practice.

Learning and improvement from safety incidents

The practice kept records of significant events and provided us with a summary of events that had occurred during the last year. These records provided the background to the significant event, a description of the issues raised and the action taken. Staff we spoke with told us the outcome of significant events was discussed with them. We were told also that any significant events would be discussed at practice meetings and lessons learned communicated. However, we did not see evidence of this in the minutes of meetings we looked at and such events were not a permanent item on the agenda of the practice meetings. Staff used incident forms on the practice computer system and we saw records were completed in a comprehensive and timely manner and included suggestions to prevent recurrence and specific action required. For example, one of the GPs reviewed the analysis of a patient's cancer diagnosis with a view to improving future practice. As a result the GP refined their approach to facilitate appropriate and timely investigation and treatment of both primary and secondary cancers.

Reliable safety systems and processes including safeguarding

The practice had an appropriate child protection policy in place, including contact details for local child protection agencies. There was a nominated GP lead for safeguarding and staff we spoke with knew who the lead was and how to recognise signs of abuse. However, not all administrative staff were fully aware of their responsibilities and the process to follow under the child protection policy and

none had completed child protection training. We were told that nursing staff received child protection training at level 2, and the GPs at level 3 in accordance with national guidance. However, the records for nursing staff and one of the GPs were not available at the inspection to confirm the training undertaken.

The practice had a policy for safeguarding vulnerable adults but this contained no details of local authority safeguarding contacts and staff did not have ready access to the contacts book where such details were recorded. Staff showed some understanding of how to recognise signs of abuse in vulnerable adults. However, records were only available for one of the nurses and one of the GPs to confirm training in this area.

There was a chaperone policy, which was visible on the waiting room noticeboard but was not displayed in all consulting rooms we visited. (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). We were told that clinical staff carried out chaperoning duties but there was some lack of clarity about this as some administrative staff told us they occasionally acted as a chaperone if nursing staff were not available. These administrative staff had not undergone a criminal records check but the practice had not carried out or documented a risk assessment stating the rationale for this. They had, however, received briefing about the role at the practice and understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination.

Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a policy on safe and secure handling of medicines to ensure they were kept at the required temperatures, and which described the action to take in the event of a potential failure. However, the policy was dated November 2007 and was in need of review and updating. There was also a CCG flow chart on the fridge as an aide-memoire to staff for monitoring temperatures. We were told that there was problem with the fridge about 18 months ago. This was reported to the CCG medication lead and after checking by the manufacturer was cleared for continuing use. However, the incident was not documented. Since January 2015, the practice had started to monitor and record the fridge

Are services safe?

temperature daily in line with practice policy and national guidelines. Prior to this, checks had been recorded on a weekly basis and records we reviewed showed that fridge temperatures were within the required range.

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 in the majority of cases disposed of in line with waste regulations. However, we found two expired tubes of lubrication gel had been disposed of in the domestic waste bin in the training room. No controlled drugs were kept at the practice.

The practice nurses administered immunisations following patient group directions (PGDs). PGDs allow the specified health professionals to supply and / or administer a medicine directly to a patient with an identified clinical condition without the need for a prescription or an instruction from a prescriber. We were told all the necessary PGDs were signed as required but the documentation for this was not available at the inspection, as it was kept at the Orpington branch surgery. These must be working documents that are readily available to nurses to follow.

There was a system in place for the management of high risk medicines, which included regular monitoring in line with national guidance. Appropriate action was taken based on the results. We saw the practice had completed an audit of the prescribing of oral anticoagulant s (medicine used to prevent the formation of blood clots) between April and December 2013, which showed that best practice recommendations were being met.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times. However, no record was kept of the serial number of prescriptions kept in doctors' bags. This is not in accordance with national guidance on prescription security, which requires that before leaving the practice premises, prescribers record the serial numbers of any prescription forms/pads they are carrying.

Cleanliness and infection control

We found shortcomings in infection control practice which did not meet the requirements of the Department of Health's 'The Health and Social Care Act 2008: Code of Practice for Health and Adult Social Care on the Prevention and Control of Infections and Related Guidance'.

We observed the premises to be clean and tidy. Patients we spoke with and who completed CQC comment cards told us they always found the practice clean and had no concerns about cleanliness. The practice employed a cleaner who cleaned the premises two days a week and practice staff carried out cleaning duties for the rest of the week. However, there was no written cleaning schedule in place and no cleaning records were kept.

The practice nurse was the lead for infection control in the practice. There was an infection control policy and the practice underwent regular infection control audits. We saw that the action plan from a previous audit which had taken place in June 2014 had been completed and another audit was due on the day following our inspection. There was also a protocol for needle stick injury which was on display. Staff were required to undertake regular update training in infection control and we saw the records of this for the practice nurse. There were no details available to confirm recent training undertaken by the GPs and one of the nursing staff but we were told staff would be receiving refresher training as part of the imminent infection control audit.

Personal protective equipment including disposable gloves, aprons and coverings were available for staff to use. There were disposable privacy curtains in treatment rooms which we were told were replaced every six months but there was no date on the curtains showing when they were installed. There was an occupational health policy in place to ensure that all clinical staff were protected against Hepatitis B. However, we only saw the record of up to date immunisation status for two of the four GPs and one of the nurses.

The practice had not carried out and documented an assessment of the risk of Legionella (a bacterium found in the environment which can contaminate water systems in buildings). We found further that some single use instruments were kept in the practice's training room, for example an un-pouched speculum, and had not been disposed of as required.

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 and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date of January 2015. We saw evidence of calibration of relevant equipment which took place in February 2015; for example weighing scales, spirometers, defibrillator, blood pressure measuring devices and the vaccine fridge.

Staffing and recruitment

The practice had a recruitment policy that set out the standards it followed when recruiting staff. However, the practice was unable to provide documentary evidence of interview and selection decisions.

We saw from the records of a recently recruited member of the administrative staff that a range of checks had been undertaken prior to their employment including proof of identification, references, and qualifications. They had undergone a criminal record check related to employment elsewhere but not for employment at the practice. A new practice manager was in the process of being recruited but no documentary evidence was available in relation to this including pre-employment checks.

We were told that criminal record checks had been undertaken for the GPs and nursing staff. However, documentary evidence of the checks was not available for two of the GPs or the nursing staff. Criminal record checks had not been carried out for administrative staff but the practice had not carried out or documented a risk assessment stating the rationale for this. However, the practice told us that they were about to arrange checks for all these staff. At the time of the inspection the practice was employing a locum doctor and agency nurse. However, the practice was unable to provide evidence that it had sought information from the locum and nursing agencies to show that these staff were suitably qualified, skilled and experienced and all appropriate pre-employment checks had been carried out.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was also an arrangement in place for members of staff, including nursing and

administrative staff, to cover each other's annual leave. 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 ensure patients were kept safe.

Monitoring safety and responding to risk

The practice had a health and safety policy. Health and safety information was displayed for staff and patients to see. The practice carried out visual inspections of the premises and equipment on a daily basis. However, these checks were not routinely documented and the practice had not conducted a any documented health and safety risk assessment of the building and environment to help ensure patients, staff and visitors were fully protected from the risk of unsuitable or unsafe premises.

The practice regularly monitored and reviewed risks to individual patients and updated patient care plans accordingly. For example, we saw a completed audit of chronic kidney disease (CKD) to check the practice was meeting NICE CKD monitoring guidelines. We saw that key indicators were being monitored and recorded in line with the guidance. The practice had systems in place to monitor families and children at risk and we were told they were regularly discussed at practice meetings.

Arrangements to deal with emergencies and major incidents

Emergency equipment was available including, oxygen and automated external defibrillator (used to attempt to restart a person's heart in an emergency). All staff asked knew the location of this equipment and we saw that all of the equipment was operational. We were told that monthly checks were carried out on the equipment but no record was kept of these checks to confirm this. Staff had received up to date training in dealing with medical emergencies. However, the records for one of the GPs and two nurses were not available to confirm they had completed this training.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included medicines for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. Nursing staff regularly checked medicines were within their expiry date and suitable for use. We saw the records for this and all the medicines we checked were within their expiry dates.

Are services safe?

The provider had a business continuity plan which set out the arrangements to be followed in the event of major disruption to the practice's services. This included loss of the surgery building, essential equipment, computer system, patient records, telephone and utilities, alarm system and incapacity of staff. In the event of major disruption to the premises, the plan made provision for continuance of the service from the provider's other location, the Orpington branch surgery. Although the plan was dated January 2015, it still made reference throughout the document to Bromley PCT which was no longer in existence.

The practice had a fire safety policy and we were told staff fire safety was covered in the induction process. However, there was no documentary evidence that staff had undertaken subsequent fire safety update training. In addition, the practice had not carried out any documented fire risk assessment of the premises. The fire alarm was checked and tested annually by the contractor and we saw the latest certificate for this. However, no regular tests were carried out by the practice between these checks. There was no planned schedule of fire evacuation drills and none had taken place recently.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs we spoke with could clearly outline the rationale for their approaches to treatment. We found they completed thorough assessments of patients' needs in line with NICE guidelines, and these were reviewed when appropriate. The GPs and nursing staff kept up to date with and acted on relevant professional guidance through continuing professional development, NICE guidelines, patient safety alerts and other sources such as professional journals. For example, we saw the practice's audit of chronic kidney disease monitoring in response to the latest NICE guidance.

The GPs we spoke with told us they had special interests in a number of clinical areas including dermatology, gynaecology and sexual and reproductive health. In addition the practice nurse had started an MSc nurse practitioner course. Clinical staff we spoke with were open about asking for and providing colleagues with advice and support. GPs told us this supported all staff to continually review and discuss new best practice guidelines to support the effective assessment of patients' needs.

We saw no evidence of discrimination when making care and treatment decisions. Interviews with GPs 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

The practice showed us five clinical audits that had been undertaken in the last two years. One of these was a completed audit cycle where the practice was able to demonstrate the changes resulting since the initial audit. This was an audit of A&E attendance. The first stage audit covering attendance between 1 January and 1 May 2014 found that 61 of 160 patients had attended A&E for non-urgent treatment which could have been dealt with by primary care. An action plan was put in place, including education for patients about alternatives to A&E for non-urgent treatment, the allocation of emergency appointment slots and opening for extended hours, and a telephone triage service to establish the urgency of the patient's situation. On the second audit between May and July 2014, 40 of 112 patients had attended A&E for

non-urgent treatment. This represented a reduction in non-urgent attendances. Follow-up action included further patient education and information and the continuing audit of A&E attendance.

The GPs told us clinical audits were often linked to medicines management information, safety alerts or as a result of information from the quality and outcomes framework (QOF). (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). For example, we saw an audit regarding oral anticoagulant prescribing between April and December 2013. This showed that best practice recommendations were being met. As part of the audit, the GPs carried out medication reviews for patients who were prescribed these medicines and ensured their prescribing practice was in line with the guidelines.

The practice also used the information collected for QOF and their performance against national screening programmes to monitor outcomes for patients. In 2013/14 the practice performed above the CCG average in some areas, for example, 3.7 percentage points above for asthma, and 3.6 percentage points for chronic obstructive pulmonary disease (COPD). In other areas it performed below the CCG average, for example, 7.5 percentage points for chronic kidney disease (CKD). This practice was not an outlier for any QOF (or other national) clinical targets.

There was a protocol for repeat prescribing which was in line with national guidance and staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP. The IT system flagged up relevant medicines alerts when the GP was prescribing medicines. We saw evidence to confirm that, after receiving an alert, the GPs had reviewed the use of the medicine in question and, where they continued to prescribe it, outlined the reason why they decided this was necessary. The evidence we saw confirmed that the GPs had oversight and a good understanding of best treatment for each patient's needs.

The practice had a palliative care register and had regular internal as well as multidisciplinary meetings to discuss the care and support needs of patients and their families.

The practice also participated in local benchmarking run by the CCG. This is a process of evaluating performance data from the practice and comparing it to similar surgeries in

Are services effective?

(for example, treatment is effective)

the area. For example, the practice participated in an external peer review with other practices in the CCG area to compare its data on prescribing and the management of patients with long term conditions.

Effective staffing

Practice staff included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that in some cases staff were not up to date with attending mandatory courses, and information on the training completed by some staff was not available at the time of the inspection. All GPs were up to date with their yearly continuing professional development requirements and all had been revalidated. (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).

There was an appraisal system for nursing and non-clinical staff which identified learning and development needs. Appraisal reports had been completed for seven administrative staff and one of the nurses. However, for one of these staff the last report was dated 2012 and for another 2013 and there were no reports for two other administrative staff. There were arrangements in place for staff to receive mandatory training and additional learning and development identified as part of the appraisal system. However, there were some gaps in training staff had received. For example, there was no documentary evidence that staff had undertaken update training since fire safety training during their induction, and no details were available to confirm recent infection control training undertaken by the GPs and one of the nursing staff. No administrative staff had completed child protection training and the records for nursing staff and two of the GPs were not available at the inspection to confirm the child protection training they had undertaken. In addition, the records for one of the GPs and two nurses were not available to confirm they had completed update training in dealing with medical emergencies.

Staff did not receive formal supervision but said they could speak to their manager for advice whenever they needed to and there were regular opportunities to discuss work matters at practice meetings. We saw a sample of minutes

of these meetings. We saw for example from meeting minutes that new staffing rota arrangements and building, equipment and IT issues were reviewed at a meeting in November 2014.

The practice had policies and procedures for managing poor performance but we did not see any evidence that there had been a need to use these recently.

Working with colleagues and other services

The practice worked in partnership with a range of external professionals in both primary and secondary care to ensure a joined up approach to meet patients' needs and manage complex cases. The practice held regular multidisciplinary team meetings to discuss the needs of complex patients, for example those with end of life care needs or children on the at risk register. These meetings were attended by a community matron, district nurses, social workers, palliative care nurses health visitors. We saw that decisions about care planning were appropriately documented.

The practice was commissioned to provide an enhanced service for patients with dementia and had a process in place to refer patients to a local memory clinic. (Enhanced services require a level of service provision beyond the core GP contract). It also participated in other enhanced service schemes such as that for unplanned admissions and had a process for following up patients following discharge. We reviewed individual care plans drawn up as part of this service and each of these included an individualised management plan to help support patients reduce avoidable hospital admission, as appropriate

There was an effective system in place for arranging and reporting the results of blood tests, x-rays and smear tests for example. This included a timely follow-up system to ensure these had been seen by the GP on the same day and actioned. Results were usually received electronically. The majority of patients we spoke with were happy with how test results were reported to them.

The practice supported a local care home. A GP from the practice visited the home monthly to review patients' needs and as required.

The practice worked closely with others to support patients receiving palliative care. There were multidisciplinary meetings with the palliative care team to review patients on the practice's end of life care register and update information about them.

Are services effective?

(for example, treatment is effective)

Information sharing

The practice used several electronic systems to communicate with other providers. For example, electronic systems were in place for making referrals, the majority of which were made through the 'Choose and Book' system (a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

The practice had systems in place to provide staff with the information they needed. An electronic patient record system was used by all staff to coordinate, document and manage patients' care. We saw that an alert was placed on the record when a patient was vulnerable or had special needs. For example, if the patient was housebound, a carer, or a child on the child protection register. All staff were fully trained on the system.

Consent to care and treatment

The practice had a vaccination and immunisation policy which required that consent was obtained before they were administered. However, there was no general policy on consent for carrying out all examinations and providing treatment to patients. Staff nevertheless confirmed they would always seek consent before giving any treatment and we were told that a parent or guardian's consent for childhood immunisations would be recorded in the child's personal child health record (red book).

We found that clinical staff were aware of the Mental Capacity Act 2005 with regard to mental capacity and best interest assessments in relation to consent. The three GP partners had attended relevant training but we did not see evidence of this for nursing staff. Clinical staff demonstrated an understanding of Gillick competencies when asked about seeking consent. The 'Gillick Test' helps clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment.

Patients with a learning disability were supported to make decisions through the use of care plans, which they were involved in agreeing. These care plans were reviewed annually (or more frequently if changes in clinical circumstances dictated it).

Health promotion and prevention

There was a range of information available to patients in the waiting area which included leaflets which could be

taken away from the practice. There was also information on the practice website which included links to the NHS Choices Website, for example covering carers and care support and pregnancy.

The practice offered all patients in the 40-74 age group a health check. Those identified with a raised risk of heart disease, stroke, diabetes, high blood pressure and certain cancers were offered a health check every five years. All newly registering patients aged 18 and over were invited to a new registration consultation with a GP to help identify and plan their medical needs. Patients with a learning disability were offered an annual health check covering their physical health needs.

The GP and nurses provided advice and information for patients on a range of issues including diet and healthy eating, smoking cessation, healthy living and lifestyle management and sexual health. There were also well woman and well man clinics. Sixty-two smokers had been identified and the practice had seen 48 of these to give smoking cessation advice. However, there was no data available on how many of these patients had successfully given up smoking.

The practice provided a family planning service, including fitting/removal of intrauterine contraceptive devices (IUCD) and cervical smear testing. The practice's performance for cervical smears was 74.3% in 2013/14, 9.4% below the CCG average. There was a follow-up system for patients who had missed their test. They were contacted and a further test appointment booked.

The practice offered a full range of immunisations for children. Flu vaccination was offered to patients over the age of 65, those in at-risk groups (including patients with long-term conditions) and pregnant women. Last year's performance was above average for some immunisations and below for others where comparative data was available. For example:

- Flu vaccination rates for the over 65s were 68%, and at risk groups 61%. These were 5% below and 9% above national averages respectively.
- Childhood immunisation rates for the vaccinations given to under twos ranged from 91% to 100% (national averages 91% and 94%) and for five year olds from 64% to 86% (national averages 82% and 97%).

Are services effective?

(for example, treatment is effective)

The practice also offered pneumococcal vaccinations to patients over age 65 and those at higher risk due to other illnesses and medical conditions. The practice offered a travel vaccination service.

The practice was commissioned to provide an enhanced service for patients with dementia and had a process in place to refer patients to a local memory clinic.

The practice had completed an audit of chronic kidney disease (CKD) to check the practice was meeting NICE CKD monitoring guidelines. Key indicators were being monitored and recorded in line with the guidance.

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 national GP patient survey 2014, a survey of patients undertaken by the practice, and feedback from 16 patients who completed Care Quality Commission comment cards.

The evidence from all these sources showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. For example, data from the national GP patient survey reported 95% of patients who responded said they found it easy to get through to the surgery by phone. The practice was rated among the best for being able to get through to the practice by phone, which was in comparison to the CCG average of 72%. Eighty-five percent of patients also said their overall experience of the practice was good.

The practice carried out a joint patient survey with the Orpington branch surgery in 2014 and 150 patients across both surgeries responded. Ninety-five percent of patients responded that they were satisfied with the practice. Patients expressed a preference in the survey to keep both surgeries open rather than have the service transferred to a poly clinic at a single location.

We received 16 completed CQC comments cards. Patients informed us that staff were caring and polite and that their needs were met in an understanding and professional manner. We spoke with eight patients during our inspection who informed us that clinical staff were helpful and supportive and they had confidence in them.

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 consultation room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Care planning and involvement in decisions about care and treatment

Patients we spoke with said they were involved in making decisions about the care and treatment they received; the GPs and nurses listened to them and took time to explain things to them in ways they understood. Patients said GPs 'chased up' referrals which had been made to secondary health care services and kept them up to date with the progress of their referrals.

The national GP patient survey found that 68% of patients reported that the last GP they spoke with was good at involving them in their care and similarly 67% reported the nurses were good at involving them in their care, compared to the CCG averages of 72% and 83% respectively. However, patients who completed CQC comment cards informed us that they were listened to and clinical staff gave clear information about their condition so they could understand the course of treatment that needed to be undertaken. In addition, in the practice's own patient survey there was a high rate of satisfaction with services provided.

Patients with a learning disability were supported to make decisions through the use of care plans, which we saw they were involved in agreeing. These care plans were reviewed annually (or more frequently if changes in clinical circumstances dictated it).

Patient/carer support to cope emotionally with care and treatment

Patients we spoke with gave us examples of how staff at the practice gave them emotional support when they needed it. One example given was how as a 'carer' good emotional and practical support was available. GPs responded promptly to phone calls by contacting the patient for a telephone consultation and home visits were available.

We saw information in the reception area to assist patients to make decisions about their care. Visual information on a TV screen gave general information on health care, and posters were on display in the waiting room on adult carer and child carer help/advice and support groups.

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 patients' 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. The majority of patients we spoke with and those who completed comments cards felt the practice met their healthcare needs and in most respects they were happy with the service provided.

The practice ran baby immunisation and child health and development clinics.

The practice also provided chronic disease management services for patients with diabetes, asthma, hypertension, coronary heart disease (CHD) and chronic obstructive pulmonary disease (COPD). Annual reviews including a medication review were carried out on all patients with specific long-term conditions in line with best practice guidance. Checks were carried out opportunistically when patients attended for other reasons for example blood tests.

The practice carried out spirometry tests to diagnose and monitor COPD and other lung conditions. The practice also had an ECG machine to enable electrocardiogram tests to check for heart problems.

For older patients and patients with long-term conditions home visits were available where needed and longer appointments were provided when needed, for example for patients with COPD or attending dementia screening checks, child immunisations and cervical screening.

The practice had implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from the patient participation group (PPG). For example, a priority area identified was improved access to appointments, as a result of which the practice had introduced extended opening hours and a telephone triage service.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. We were told that there was no barrier to vulnerable groups such as the homeless and travellers registering, although there were none on the practice's register at the time of the inspection.

The majority of the practice population was white English. Other groups included 9.1% Asian, 6.4% black, and 8.2% other non-white ethnic groups. The practice had access to an interpreter service and staff spoke several different languages in addition to English. The practice information leaflet was also available in different languages.

The practice had an equal opportunities policy. We were told staff read the policy as part of the induction process and were aware of patients' equality and diversity needs covering a diverse population of patients. However, they had not received specific equality and diversity training.

The premises and services had been adapted to meet the needs of patient with disabilities. We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. Accessible toilet facilities were available for patients and the practice had baby changing facilities.

Access to the service

The practice was open from 8.00am to 8.00 on Monday, and from 8.00am to 6.30pm Tuesday to Friday. Consultations were available from 9.00am to 11.00 am Monday to Friday and 5.00pm to 8.00pm on Monday and 5.00pm to 6.30pm Tuesday to Friday. For emergency appointments, the reception liaised with the GPs to triage the patient and these were accommodated on the same day or within 48 hours if less urgent.

Information about appointments was available in the practice leaflet and on the practice website. This included how to arrange home visits and how to book appointments. Online registration, appointment booking and prescription were available within the practice's new computer system but staff were awaiting training so these services were not yet operational at the time of the inspection. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it

Are services responsive to people's needs?

(for example, to feedback?)

was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

Feedback from the PPG indicated patients not able to attend surgery during normal surgery hours would like improved access to appointments. In response the practice had introduced extended opening hours on Monday of each week and a telephone triage service.

Longer appointments were available for patients who needed them and those with long-term conditions. Patients with learning disabilities were booked at the end of surgery sessions to avoid undue waiting and potential distress. Home visits were made to those patients who needed one.

Patients we spoke with were generally satisfied with the appointments system. They confirmed that they could see the doctor on the same day if they needed to. They said that they were given the time needed when they saw the doctor or nurse, even if they had to wait beyond their appointment times. In the 2013/14 national patient survey, 85% of respondents said they usually waited up to 15 minutes after their appointment time to be seen, compared to the CCG average of 64%. Ninety percent of respondents described their experience of making an appointment as good and 95% found it easy to get through to this surgery by phone which was 23% higher than the CCG average.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and the practice manager was the designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system. However, this was not readily available in the patient waiting room. Patients we spoke with were aware of the process to follow if they wished to make a complaint. They told us they had never needed to make a complaint about the practice. They commented that if they had a concern they felt this would be dealt with appropriately and professionally.

We looked at in detail at one of the two formal written complaint received in the last 12 months. We found it had been dealt with appropriately and in accordance with the practice's complaints procedure and had been responded to in a timely way. We saw from minutes of a practice meeting in January 2015 that the complaint was discussed with practice staff and lessons learned communicated. In this case the importance of keeping good clinical records was highlighted, including accurately recording information about the diagnosis. As a result of the complaint, the clinician concerned initiated an audit of subsequent patient consultations to ensure appropriate record keeping.

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 vision, set out in its statement of purpose, and stated on its website was to work in partnership with its patients and staff to provide the best primary care services possible, working within local and national governance, guidance and regulations. This was supported by a mission statement, “to improve the health, well-being and lives of those we care for.” Underpinning this, the practice followed standards set by external health agencies including the local CCG and NHS England. Not all staff we spoke with were aware of the statement of purpose document but it was clear that patients were at the heart of the service they provided. The practice promoted and valued continuity of care and patient feedback largely confirmed this.

Governance arrangements

The practice had a comprehensive range of policies and procedures in place to govern activity and these were available to staff via the computer system within the practice. There was a staff handbook containing appropriate human resource policies. Separate clinical practice policies and procedures including policies on consent, infection control and chaperoning, were also accessible to all staff. The policies were subject to regular review and updating, although we noted that some policies, for example the employment policy, were not dated to indicate when they were due for review.

There were named members of staff in lead roles. For example, there were GP leads for safeguarding, infection control, gynaecology, diabetes, dermatology and sexual health. All staff had clearly defined roles which they knew and understood. All staff we spoke with told us they felt valued, well supported and knew who to go to in the practice with any concerns.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing in line with national standards. QOF data showed in the year ending April 2014 the practice performed about three percentage points below the average compared to other practices in the local CCG area in the clinical domain with a score of 89.4%. In other domains there was a more mixed picture where some indicators were above, the same or below the CCG average.

We were told the practice regularly reviewed and updated QOF data throughout the year but we did not see evidence of this in the minutes of practice meetings and there was no formal action plan in place to improve QOF scores.

The practice had an ongoing programme of clinical audits which it used to monitor quality and systems to identify where action should be taken. For example, an audit of A&E attendance, and an audit of oral anticoagulant prescribing. Some actions for improvement had been identified as a result of the audits. For example, the audit of A&E attendance, led to a reduction in non-urgent and follow up action included further patient education and information and the continuing audit of A&E attendance.

The practice had arrangements for identifying, recording and managing risks. The practice had a business continuity plan, to respond to and manage risks in the event of major disruption to the service. The plan included a section on the identification and assessment of risks, the possible causes and potential impact of each risk, a risk grading and a plan for mitigating each risk. The practice also regularly monitored and reviewed risks to individual patients, including monitoring of families and children at risk.

The practice had an ongoing programme of regular governance meetings. These included weekly clinical and education meetings and two-monthly all practice staff meetings. All of these meetings were formally minuted but there was no consistent structure to the agendas of the meetings and we did not see evidence of action planning or follow up in the light of issues discussed.

Leadership, openness and transparency

We saw from minutes that staff meetings were held regularly, usually two monthly. Minutes of staff meetings evidenced that staff had reviewed and discussed the appointment system, patient vaccinations infection control and the patient referral system, Choose and Book. 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. Staff felt that the practice worked well as a team and provided mutual support.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies, for example the recruitment policy, induction policy, and disciplinary procedures, which were in place to support

Are services well-led?

Requires improvement 

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

staff. We were shown the staff handbook that was available to all staff, which included sections on equality and harassment and health and safety at work. Staff we spoke with knew where to find these policies if required.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had gathered feedback from patients through patient surveys, and complaints received. We looked at the results of the latest annual patient survey conducted in 2014 through the patient participation group (PPG). We saw that in most respects patients were satisfied with the services provided. Some had expressed dissatisfaction with the practice policy of not providing repeat prescriptions over the telephone. The practice had reviewed the policy in the light of this feedback but had decided against changing the policy because of safety issues. The practice had recently introduced the friends and family test but at the time of the inspection had not collated and analysed the results.

The PPG had been set up within the last year and was in the relatively early stages of development.

At the time of the inspection there were seven members, including, representatives from two main ethnic groups, white British and Asian both male and female. The group communicated by email and met quarterly. Information about the PPG's activities and reports was available on the practice's website, including an open invitation for new members.

The practice had gathered feedback from staff through staff meetings, appraisals and ongoing day to day 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.

The practice had a whistleblowing policy which was available to all staff in the staff handbook. However, not all staff we spoke with were aware of the policy, although they knew who to go to if they wished to report any concerns. In addition, the policy was dated January 2013 and needed updating as it referred to external bodies that were no longer in existence, such as the PCT and the Healthcare Commission.

Management lead through learning and improvement

Administrative staff told us that the practice supported them to maintain and update their knowledge, skills and competence through training. We looked at staff records and saw that they received appraisals which included a learning and development plan. However, not all staff had received an appraisal in the current year and there were some gaps in their refresher training in a number of areas. Staff told us they had undergone an induction process on appointment. We saw the induction template but there was no documentary evidence of its completion for individual staff members.

The practice was a GP training practice but there were no trainee placements at the practice at the time of our inspection.

The practice had completed reviews of significant events and other incidents which included lessons learned. There were no particular themes in the significant events reviewed in the last year. We were told that any significant events would be discussed at practice meetings. However, such events were not a permanent item on the agenda of the formal meetings and we did not see any recorded evidence of these discussions.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The provider did not have adequate arrangements in place to assess, monitor and improve the quality and safety of the services provided. There were shortcomings in the systems for managing medicines, infection control and health and safety and fire risk assessment. This was in breach of regulation 10 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 (1)&(2)(a)(b)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing How the regulation was not being met: The provider did not have adequate arrangements in place to support staff in relation to their duties and responsibilities because there were gaps in training and appraisal of staff. This was in breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed How the regulation was not being met:

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury

People who use services were not fully protected against the risks associated with the recruitment of staff, in particular in the recording of recruitment information and in ensuring all appropriate pre-employment checks are carried out or recorded prior to a staff member taking up post. This was in breach of regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.