Princes Park Surgery

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

Overall rating for this service	Inadequate
Are services safe?	**Inadequate**
Are services effective?	**Requires improvement**
Are services caring?	**Requires improvement**
Are services responsive to people's needs?	**Inadequate**
Are services well-led?	**Inadequate**

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Princes Park Surgery on 16 April 2015. Overall the practice is rated as inadequate. We found improvements were required for the safe, effective treatment of patients, how caring and responsive the practice was and how well the practice was led. We found the practice was good at caring for patients.

Our key findings were as follows:

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong, reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement.
- The provider did not deploy sufficient numbers of GPs to meet the demands of patients including in response to their urgent needs. The high usage of locum and agency GPs resulted in a lack of continuity of care, increasing the risk of patient incidents and complaints. There were insufficient numbers of patient appointments to meet the demands of the local population. Patients regularly had to wait outside the practice before it opened to ensure they got an appointment for later that day.
- Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice did not have systems in place to ensure locum GPs were monitored closely enough to ensure any changes to a patient's care and treatments was actioned. There was no evidence that GPs completed clinical audits to assess and continually evaluate practice. Actions plans were not routinely developed when patient complaints or safety incidents occurred.

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

Importantly, the provider must:

Summary of findings

- Review the system in place for reporting incidents. The written record of incidents and the information gathered was not sufficient in detail to adequately identify risks. The system for sharing the learning from incident reporting required improvement. Locum and agency GPs did not attend meetings where patient incidents and complaints were discussed. (Reg 12)
- Review the current arrangement for providing GP cover to the practice. The practice was unable to meet the demands of patients including in response to their urgent needs at all times. The high usage of locum and agency GPs led to a lack of consistency of care and increased the risk of patient incidents and complaints occurring. We found instances where locum GPs had not actioned changes required to patient's medicines when they were reviewing patient discharge summaries. Systems should be set up to ensure that the work of locum GPs practice is monitored and feedback can be given. (Reg 12)
- Take timely and appropriate action to ensure accurate and up to date patient records are kept. There were significant delays to patient information being scanned onto their records, notably in the period before our inspection. This meant that patients attending the practice for a follow up appointment after their hospital visit were not seen by GPs with their full updated medical history. (Reg 17)
- Ensure that GPs complete clinical audits to assess and continually evaluate their practice.
- Ensure an action plan is developed to increase the practice performance for cervical smear uptake. (Reg 17)
- Review the appointment system to ensure there are sufficient numbers of patient appointments to meet the demands of the local population. (Reg 17)

In addition the provider should:

- Ensure doctors have emergency drugs available for use or have in place a risk assessment to support their decision not to have these available for use in a patient's home.
- Include specific detail within the practice vision and strategy on how the particular cultural needs of patients living in this community will be met.
- Ensure that actions plans are developed when a patient complaint is made or a patient safety incident has occurred.

On the basis of the ratings given to this practice at this inspection, I am placing the provider into special measures. This will be for a period of six months. We will inspect the practice again in six months to consider whether sufficient improvements have been made. If we find that the provider is still providing inadequate care we will take steps to cancel its registration with CQC.

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?

Inadequate 

The practice is rated as inadequate for providing safe services as there are areas where improvements must be made. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong, reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement. Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. The provider did not deploy sufficient numbers of GPs to meet the demands of patients including in response to their urgent needs. The high usage of locum and agency GPs led to a lack of continuity of care, and increased the risk of patient incidents and complaints occurring. Medicines and infection control arrangements were satisfactory.

Are services effective?

Requires improvement 

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made. Data showed patient outcomes had improved in the last year and knowledge of and reference to national guidelines was evidenced. We saw limited evidence that full and completed clinical audits were driving improvement in performance to improve patient outcomes. The practice worked well with other providers but there were delays to patient information being added and scanned onto the patient's records. This meant that patients attending the practice for a follow up appointment after their hospital visit were not seen by GPs with their full updated medical history.

Are services caring?

Requires improvement 

The practice is rated as requires improvement for providing caring services. Data showed that improvements were required in terms of patient satisfaction for matter such as how good the GPs were at treating patients with care and compassion. Patients we spoke to on the day said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information to help patients understand the services available was easy to understand. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Inadequate 

The practice is rated as inadequate for providing responsive services, as there are areas where improvements should be made.

Summary of findings

The majority of patients said they were treated with compassion, dignity and respect. However, not all felt supported and listened to. Information was available to help patients understand the services available to them but not everybody would be able to understand it. There were insufficient numbers of patient appointments to meet the demands of the local population. Patients regularly had to wait outside the practice for it to open to ensure they get an appointment for later that day. They experienced long delays in getting through to the practice on the telephone. Most of the patients we spoke with told us they could not access an appointment at the time they needed it and they did not see the same GP for each GP appointment. Patients commented particularly on how frustrating this could be when having to explain their condition to a different GP at each appointment.

Are services well-led?

Inadequate

The practice is rated as inadequate for being well-led. It had a vision and a strategy but this did not include how they would meet the specific needs of the patients in this diverse cultural community. There was a documented leadership structure and most staff felt supported by management but we had mixed feedback on how confident staff were in raising concerns. The practice had a number of policies and procedures to govern activity. The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed it had made improvements and was performing in line with national standards for a number of key indicators. Practice meetings were held but not all staff including locum and agency GPs attended. The practice did not have effective systems in place to ensure locum GPs were monitored closely enough to ensure any required changes to patients care and treatment were actioned. GPs did not undertake and complete clinical audits to assess and continually evaluate their practice. Actions plans were not routinely developed when patient complaints or safety incidents occurred.

The practice proactively sought feedback from patients and had an active patient participation group (PPG). All staff had received inductions and regular performance reviews.

Summary of findings

The six population groups and what we found

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

Older people

Inadequate

There were aspects of care and treatment that were inadequate that related to all population groups. The practice provides an older persons review service for all patients over 75 years living in a local care home. This included commissioning the services of a Consultant in elderly medicines and advanced nurse practitioners to work across the community assessing and screening older patients. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population. It was responsive to the needs of older people, offering flu vaccination and home visits if needed.

The practice had undertaken searches of this population group, including identifying those patients who lived alone and their carers.

People with long term conditions

Inadequate

There were aspects of care and treatment that were inadequate that related to all population groups. Nursing staff had lead roles in chronic disease management and the care of patients at risk of hospital admission were identified as a priority. The practice had a recall system for patients with long term conditions which had improved in recent months due to closer monitoring of this population group. Longer appointments and home visits were available when needed. All these patients had a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. The practice has a smoking cessation and counselling service within the practice.

Families, children and young people

Inadequate

There were aspects of care and treatment that were inadequate that related to all population groups. The practice offered same day appointments for all children when ill. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. This included children and young adults with an alcohol related admission to hospital. Patients told us that children and young people were treated in an age-appropriate way and were recognised

Summary of findings

as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Inadequate

There were aspects of care and treatment that were inadequate that related to all population groups. The practice did not offer extended opening hours for working patients but they did offer online repeat prescribing of medicines and they had recently started online booking of GP appointments. The practice was proactive in offering a full range of health promotion and screening that reflected the needs of this age group.

People whose circumstances may make them vulnerable

Inadequate

There were aspects of care and treatment that were inadequate that related to all population groups. The practice held a register of patients living in vulnerable circumstances including those with alcohol and drug dependencies. Annual health checks for these patients were carried out and a GP session is arranged fortnightly to accommodate those patients on a shared care agreement for treatment of substance misuse. The practice has counselling services on site and they worked closely with the local mental health team to support vulnerable patients. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were 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. Language and interpreter services were available to patients and their carers. The practice had a range of posters and patient information available in different languages, reflecting the needs of its diverse patient population.

People experiencing poor mental health (including people with dementia)

Inadequate

There were aspects of care and treatment that were inadequate that related to all population groups. The practice had a risk stratification and case finding tool to identify high risk patients who may benefit from dementia screening and referral to memory clinics. The practice worked closely with the local mental health team to identify and support those patients identified as being at risk. The practice had counselling and support clinics on site. Patients who had experienced episodes of poor mental health were members of the patient participation group, which meant the needs of this patient

group, could be heard. The practice commissioned a consultant in elderly care to screen all patients over 75 years who lived in local care homes. This work included advance care planning for patients with dementia.

Summary of findings

What people who use the service say

We met with a group of eight patients before the inspection. We received five completed CQC comment cards and spoke with 11 patients who were attending the practice on the day of our inspection. We spoke with people from different population groups, including patients with different physical conditions and long-term care needs and those from a culturally mixed background. Most of the patients were complimentary about the staff and the GPs. They said staff were caring, supportive and courteous when they were attending an appointment. They confirmed there was good access to interpreter and translator services to support them.

Many of the patients we spoke with raised concerns about not being able to get an appointment to see a GP. They told us to get an appointment patients had to queue outside the practice at 8am because they could not get through on the practice telephone line. We saw that patients were queuing at the surgery on the day of the inspection. Patients told us that GPs did not have the time to spend with patients. Some were concerned that notices on the consultation room doors, telling patients they only had 10 minutes for each appointment, were insensitive, especially in cases of patients with language barriers or complex needs. They raised concerns about the frequent use of locum and agency GPs. They commented they were frustrated they could not see the same GP at each appointment; they feared this lack of continuity increased the risk of errors occurring.

Data from the latest GP Patient Survey, published in January 2015, gives findings for data collected between January and March 2014 and between July and September 2014. The information showed:

The proportion of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care was 79% compared with the national figure of 81%.

The proportion of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern was 76% compared with 85% nationally.

The proportion of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse good or very good at involving them in decisions about their care was 81% compared to 85% nationally.

The proportion of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern was 84% compared to 90% nationally.

The proportion of respondents to the GP patient survey who described the overall experience of their GP surgery as fairly good or very good was 63% compared to national figures of 85%.

Other areas where responses fell below the local Clinical Commission Groups (CCG) average related to finding it easy to get through to this surgery by phone (32% compared with 76% across the CCG), getting an appointment with a preferred GP (24% compared with 59% across the CCG) and describing their experience of making an appointment as good (46% compared with 77% across the CCG). These results generally aligned with the views of patients we spoke with during the visit.

Areas for improvement

Action the service MUST take to improve

- Review the system in place for reporting incidents. The written record of incidents and the information gathered was not sufficient in detail to adequately identify risks. The system for sharing the learning from incident reporting required improvement. Locum and agency GPs did not attend meetings where patient incidents and complaints were discussed. (Reg 12)
- Review the current arrangement for providing GP cover to the practice. The practice was unable to meet the

demands of patients including in response to their urgent needs at all times. The high usage of locum and agency GPs led to a lack of consistency of care and increased the risk of patient incidents and complaints occurring. We found instances where locum GPs had not actioned changes required to patient's medicines when they were reviewing patient discharge summaries. Systems should be set up to ensure that locum GPs practice is monitored and their feedback can be given. (Reg 12)

- Take timely and appropriate action to ensure accurate and up to date patient records are kept. There were significant delays to patient information being scanned onto their records, notably in the period before our inspection. This meant that patients attending the practice for a follow up appointment after their hospital visit were not seen by GPs with their full updated medical history. (Reg 17)
- Ensure that GPs complete clinical audits to assess and continually evaluate their practice.
- Ensure an action plan is developed to increase the practice performance for cervical smear uptake. (Reg 17)
- Review the appointment system to ensure there are sufficient numbers of patient appointments to meet the demands of the local population. (Reg 17)

Action the service SHOULD take to improve

- Ensure doctors have emergency drugs available for use or have in place a risk assessment to support their decision not to have these available for use in a patient's home.
- Include specific detail within the practice vision and strategy on how the particular cultural needs of patients living in this community will be met.
- Ensure that actions plans are developed when a patient complaint is made or a patient safety incident has occurred.

Princes Park Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector, two CQC inspectors, a GP and a specialist advisor who was a practice manager.

Background to Princes Park Surgery

Princes Park Surgery is registered with the Care Quality Commission to provide primary medical services. The practice holds an Alternative Provider Medical Services (APMS) contract and is located close to the centre of Liverpool. The practice is managed by SSP Health Ltd a corporate provider which has a number of GP practices across the North West of England. Doctors and practice staff work at the practice across the week. The practice has a primary health team consisting of GPs, two practice nurses, reception secretarial and administration staff.

The practice is part of Liverpool Clinical Commissioning Group (CCG).The practice is situated in an area with high deprivation with ethnically diverse patients from a number of cultural backgrounds. The practice has a high proportion (30%) of patients whose first language is not English. People living in more deprived areas tend to have greater need for health services. The practice population has a higher than national average patient group aged between 25-34 and there are higher deprivation scores for older patients and children compared to national figures.

The practice is open Monday to Friday from 8.00am to 6.30pm. There are no extended hours surgeries available. Patients can book appointments in person, online or via the phone. The practice provides telephone consultations, pre bookable consultations, urgent consultations and home visits. The practice treats patients of all ages and provides a range of medical services.

The Out of Hours service is provided by Urgent Care UK.

Why we carried out this inspection

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

Detailed findings

- Working age people (including those recently retired and students)
- People living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia)

Before our inspection reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service. We reviewed the practice's policies, procedures and other information the practice provided before the inspection. We carried out an announced inspection on 16 April 2015.

We reviewed all areas of the practice including the administrative areas. We sought views from patients face-to-face before and during the inspection. We looked at survey results and reviewed CQC comment cards completed by patients to share their views of the service. We spoke with the office staff and senior managers from SSP Health Ltd. We spoke with the GPs, nurses, administrative staff and reception staff on duty. We observed how staff handled patient information, spoke to patients face to face and talked to those patients telephoning the practice. We explored how GPs made clinical decisions. We reviewed a variety of documents used by the practice to run the service. We also talked with carers and family members of patients visiting the practice at the time of our inspection.

Inadequate

Are services safe?

Our findings

Safe Track Record

The practice used a range of information to identify risks and improve quality in relation to patient safety. For example, reported incidents, national patient safety alerts as well as comments and complaints received from patients. Staff we spoke with were aware of their responsibilities to raise concerns, and how to report incidents and near misses. Reports from NHS England indicated the practice had a good track record for maintaining patient safety. We reviewed incident reports and minutes of meetings where patient safety incidents were discussed for the last 12 months. We found that while a system was in place the written record of the incident, the information gathered and the risks identified was insufficient and lacked comprehensive detail of the events.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events. Staff we spoke with reported an open and transparent culture when accidents, incidents and complaints occurred. Before our inspection we asked for the full detail of this including actions taken and lessons learnt. This information was not complete for all incidents and complaints reported over the last 12 months and when we asked for this during our inspection this information could not be located. These were patient safety incidents and the practice and provider organisation should have been able to provide the necessary evidence to show that appropriate actions and learning had taken place.

Staff had received guidance about reporting incidents. Staff we spoke with could refer to this and demonstrated their understanding of the procedures in place. There was an accident and incident reporting policy which staff could refer to. We talked with staff about incidents that had occurred at the practice and they were aware of these. We were told that when a serious incident occurred a meeting would be held to discuss the cause and what actions needed to be taken. We saw minutes of such a meeting. However not all staff attended these meetings, particularly, locum and agency GPs. This raised concern that these GPs in particular might not be aware when an incident had occurred or what changes were required to prevent reoccurrence.

We saw some examples of how improvements had been made when an incident had occurred, for example improvements made to the workflow systems when errors in data management had been identified. However for most serious incidents we reviewed there was no action plan put into place to prevent reoccurrence and to enable the practice manager to monitor the changes made.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. Practice training records showed that all staff had received relevant role specific training on safeguarding. We asked members of medical, nursing and administrative staff about their most recent training. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact the relevant agencies in and out of hours. Contact details were easily accessible.

There was a current local policy for child and adult safeguarding. This referenced the Department of Health's guidance. Staff demonstrated knowledge and understanding of safeguarding. They described what constituted abuse and what they would do if they had concerns. They had undertaken electronic learning regarding safeguarding of children and adults as part of their essential (mandatory) training modules. This training was at different levels appropriate to the various roles of staff. The practice had a dedicated GP appointed as a lead in safeguarding vulnerable adults and children and this GP had been trained to enable them to fulfil this role. The lead safeguarding GP was aware of vulnerable children and adults and records demonstrated good liaison with partner agencies such as the police and social services.

Patient's individual records were written and managed in a way to help ensure safety. Records were kept on an electronic system which collated all communications about the patient including scanned copies of communications from hospitals. We saw evidence that audits had been carried out to assess the completeness of these records and that action had been taken to address any shortcomings identified.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information so

staff were aware of any relevant and on-going issues when patients attended appointments. For example children subject to child protection plans and older vulnerable patients with dementia. This enabled staff to instantly recognise patient's individual needs and circumstances.

There was a chaperone policy in place at the practice. This service was advertised on waiting room noticeboards, in consulting rooms and on the practice web site. (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). All nursing staff, including health care assistants, had been trained to be a chaperone. Reception staff would act as a chaperone if nursing staff were not available. All staff undertaking chaperone duties had undergone Disclosure and Barring Service (DBS) checks. (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).

Medicines management

The practice had systems in place for the management of medicines. There was a system in place for ensuring a medication review was recorded in all patients' notes for those being prescribed four or more repeat medicines. We were told that the number of hours from requesting a prescription to availability for collection by the patient was 48 hours or less (excluding weekends and bank/local holidays). The practice met on a quarterly basis with the local area team's medicines manager and CCG pharmacists to review prescribing trends and medication audits. Notes of these meetings showed how good practice was discussed and action plans were put into place relating to the prescribing of particular medicines. An SSP Health Ltd pharmacist also attended the practice periodically, medicines audits were provided prior to the inspection and staff informed us that their role was also to review prescribing practice. Information leaflets were available to patients relating to their medicines.

Clear records were kept when any medicines were brought into the practice and administered to patients. Medicine refrigerator temperatures were checked and recorded daily. Fridges were cleaned on a monthly basis or as needed if there was a spillage. The refrigerator was adequately maintained by the manufacturer and staff were aware of the actions to take if the fridge was out of temperature range for the safe storage of medicines.

The practice had the necessary equipment and in-date emergency medicines to treat patients in an emergency situation at the practice. We saw that emergency medicines, including medicines for anaphylactic shock, were stored safely yet were accessible to those trained to use them. We observed that there was a system for checking the expiry dates of emergency medicines on a monthly basis or more regularly if used. We reviewed the doctor's bags available to GPs when doing home visits and found they did not routinely carry medicines for use in patients' homes. There was no risk assessment in place to support this decision.

We observed effective prescribing practices in line with published guidance. Vaccines were administered by nurses using directions that had been produced in line with legal requirements and national guidance. All prescriptions were reviewed and signed by a GP before they were given to the patient. Both blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

Cleanliness and infection control

The practice manager was the lead for infection control. They had undertaken basic training in infection control and obtained support and guidance from the local infection control teams as needed. There was a current infection control policy with supporting policies and guidance in place. The practice had completed an infection control audit and had achieved an overall scoring rate of 100% compliance with the audit tool.

The practice environment was clean and tidy. Equipment was well-maintained and cleaning schedules where in place for each area. We saw appropriate segregated waste disposal for clinical and non-clinical waste. Contracts were in place for removal of waste l and clinical waste was stored securely. The practice had a cleaning schedule to ensure that equipment remained clean and hygienic at all times. Information was provided to us following the inspection to show how the practice cleaner had been provided with additional training to support them in their role.

The practice used single use items for invasive procedures for example, taking blood and cervical smears. Hand wash and alcohol hand sanitizer dispensers were situated in all clinical rooms. A needle stick/inoculation injury flowchart protocol was displayed in all treatment rooms where the

risk to staff of acquiring an infection from this type of injury was more prevalent. Sharps containers were stored in each treatment and consultation room. We saw these containers were stored on worktops and benches away from the floor and out of reach of children. We found that legionella testing had been carried out at the practice.

Equipment

The practice had systems in place to ensure regular and appropriate inspection, calibration, maintenance and replacement of equipment. Suitable equipment which included medical and non-medical equipment, furniture, fixtures and fittings were in place. Staff confirmed they had completed training appropriate to their role in using medical devices. We saw evidence that clinical equipment was regularly maintained and cleaned.

Staffing & Recruitment

The practice had a recruitment policy in place. Appropriate pre-employment checks were undertaken and completed before employment of staff, such as references, medical and fitness checks. Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks through the Disclosure and Barring Service (DBS). The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. Staff were able to describe their recruitment process and told us that they had submitted all the required information and appropriate disclosures. There was a system in place to record professional registration such as for the General Medical Council (GMC) and the Nursing Midwifery Council (NMC). We saw evidence that demonstrated professional registration for clinical staff was up to date and valid. The practice used GP locums on a continued basis and the recruitment processes were managed centrally with the same level of checks being 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. We saw there was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave. The practice had undergone a number of staff changes and at the time of our inspection there were a number of vacancies across reception and administration roles.

We looked at the GP cover and rotas for a number of weeks prior to the inspection. The arrangements for cover included a high usage of locum GPs (GPs not directly employed or contracted to work for SSP Health Ltd). None of the locum GPs worked full time at the practice, some covered only a small number of sessions each week. The rotas showed the regular reliance on agency GPs to provide medical cover, in some working weeks the practice was covered with seven agency doctors doing a mix of sessions across the week. We noted there was no consistency of GP numbers covering each day and this could change from one week to the next. A large number of patients we spoke with during our inspection told us they were concerned by the high use of locum and agency GPs and they found it very difficult to get an appointment. Staff we spoke with during the inspection also expressed the concern that there were not enough GPs to meet the demands of the patients requiring an appointment. We saw that a number of patient safety incidents and complaints that had occurred involved either locum or agency GPs. For example delays and incorrect prescribing of patient medicines, GP locums arriving late or cancelling sessions.

Monitoring safety and responding to risk

The practice had arrangements in place to manage emergencies. Records showed that all staff had received training in basic life support. Emergency equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly.

The systems the practice had in place included annual and monthly checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment. The practice also had a health and safety policy. Health and safety information was displayed for staff to see and there as an identified health and safety representative. Regular risk assessments were undertaken such as an annual fire risk assessment and routine risk assessments of the environment.

Inadequate

Are services safe?

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Risks identified included power failure, adverse weather, unplanned sickness and access to the building. The document also contained relevant contact details for staff to refer to. The practice had carried out a fire risk assessment that included actions required to maintain fire safety. Records showed that staff were up to date with fire training and that they practised regular fire drills.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with clearly described the rationale for their treatment approaches. They were familiar with current best practice guidance accessing guidelines from the National Institute for Health and Care Excellence and from local commissioners. The staff we spoke with and evidence we reviewed confirmed these actions were aimed at ensuring that each patient was given support to achieve the best health outcome for them. We found from our discussions with the GPs and nurses that staff completed, in line with NICE guidelines a thorough assessments of patients' needs and these were reviewed when appropriate.

The GPs told us they led in specialist clinical areas such as diabetes, heart disease and asthma. The practice nurses supported this work which allowed the clinicians at the practice to focus on specific conditions in their area of specialty. The practice nurses had lead roles and they had been trained and supported to carry out this work. Improvements were noted in terms of patient experience and practice performance. Data from the Quality and Outcomes Framework (QOF) dated 2014/2015 showed improved performance for managing some of the most common chronic diseases, e.g. diabetes, coronary heart disease and chronic obstructive pulmonary disease.

The practice used a computerised toolkit to identify patients with complex needs. Each of these patients had multidisciplinary care plans documented in their case notes. Some of these were patients with mental health care needs. We saw examples of how the practice worked with a multi-disciplinary team to set up this register and to provide treatment and support to patients with a mental health condition. They also held a contract with a consultant in elderly medicine to support the practice for screening patients over 75 years for dementia within care homes. The practice was taking part in a national project with patients being offered a telemedicine ECG test whereby results were viewed by a consultant cardiologist while the patient remained at home and under the care of their GP. We saw how patients recently discharged from hospital were followed up by the practice.

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

Management, monitoring and improving outcomes for people

Staff from across the practice had key roles in the monitoring and improvement of outcomes for patients. These roles included data input, clinical review scheduling, child protection alerts management and medicines management. We saw that audits were undertaken to monitor these actions by the practice manager and the regional management team and monthly 'QOF' meetings were held to review performance.

We were shown a number of audits that had been carried out for example an audit of patients requiring anti anticoagulant treatment, but these mostly related to medicines management and they were not full and completed clinical audit cycles. We spoke with the GPs working at the practice on the day of the inspection. They told us they had not undertaken any clinical audits and they were not aware of any other clinical audits being carried out currently.

The practice used the information they collected for the Quality and Outcomes Framework (QOF) which is a voluntary incentive scheme for GP practices in the UK. For 2014/15 we were shown the practice had improved results for many patient outcomes such as diabetes and respiratory diseases. We saw that QOF data was regularly discussed at team meetings and management staff attended meetings outside the practice with the local CCG to review and monitor performance.

There was a protocol for repeat prescribing which was in line with national guidance. Staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP. It was acknowledged by the GPs that this information was not always added to the patient records in a timely way. They also checked that all routine health checks were completed for long-term conditions such as diabetes and that the latest prescribing guidance was being used. The IT system flagged up relevant medicines alerts when the GP was prescribing medicines.

Requires improvement

Are services effective?

(for example, treatment is effective)

The practice had achieved and implemented the gold standards framework for end of life care. It had a palliative care register and had regular internal as well as multidisciplinary meetings to discuss the care and support needs of these patients and their families.

Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that all staff were up to date with mandatory training courses such as annual basic life support. All GPs were up to date with their yearly continuing professional development requirements and all either had been revalidated or had a date for revalidation. (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).

We looked at a number of staff files and found that all staff had received annual appraisals that identified learning needs. Our interviews with staff confirmed that the practice was proactive in providing training and funding for relevant courses, for example immunisation updates for the practice nurse.

Practice nurses and the clinical nurse specialist had defined duties they were expected to perform and were able to demonstrate they were trained to fulfil these duties. For example, cervical cytology. Clinical staff with responsibilities for monitoring long term conditions such as asthma and diabetes were able to demonstrate they had appropriate training to fulfil these duties.

Working with colleagues and other services

The practice worked with other service providers to meet patient's needs and manage of the conditions of patients with complex needs. The practice received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues arising from communications with other care providers on the day they were received. The GP who saw these documents and results was responsible for the action required. However there was evidence that indicated the system did not work well. Staff members we spoke with told us there were delays to this information being added and scanned onto the patient's records. This meant that patients attending the practice for a follow up appointment after their hospital visit were not seen by GPs who had access to their full updated medical history. We heard that because of this, patients were asked to bring with them their discharge summary information despite it having been received into the practice routinely. Systems to input the information supplied by colleagues and services in the wider healthcare system were not effective.

We saw in clinical meetings that GPs working at the practice were concerned that locum GPs were not routinely actioning changes to patient medicines when they were reviewing the patient discharge summaries. Some staff reported to us their concerns that locum GPs were not monitored closely enough to ensure any changes to care and treatments were actioned. We saw a number of instances identified within the last year of patient results and discharge summaries that were not followed up appropriately. We spoke with the practice manager and the management team about the problem of a backlog of patient's records that had not been scanned onto their electronic records. We were told this had resulted from a number of recent administration role vacancies. We saw that at the time of our inspection the backlog had been cleared. However this problem had been on-going and was reported at practice meetings in October 2014 and the problem continued until just before our inspection visit.

The practice held multidisciplinary team meetings monthly 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 district nurses, social workers, palliative care nurses and decisions about care planning were documented in a shared care record. Staff felt this system worked well and remarked on the usefulness of the forum as a means of sharing important information.

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 hour's provider to enable patient data to be shared in a secure and timely manner. Information was shared in this way with hospital and other healthcare providers. We saw that all new patients were assessed and patients' records were set up.

Requires improvement

Are services effective?

(for example, treatment is effective)

This routinely included paper and electronic records with assessments, case notes and blood test results. When patients moved between teams and services, including at referral stage, this was done in a prompt and timely way.

For emergency patients, patient summary records were in place. This is an electronic record that is stored at a central location. The records can be accessed by other services to ensure patients can receive healthcare faster, for instance in an emergency situation or when the practice is closed.

Consent to care and treatment

Staff were aware of the Mental Capacity Act (MCA) 2005, the Children Acts 1989 and 2004 and delivery of their duties in line with this. All the clinical staff we spoke to understood the key parts of the legislation and were able to describe how they implemented it in their practice. Staff we spoke with gave examples of when best interest decisions were made and mental capacity was assessed prior to consent being obtained for an invasive procedure. All clinical staff demonstrated a clear understanding of Gillick competencies. (These help clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment).

There was a practice policy for documenting consent for specific interventions. For example, for patient vaccinations, and to record a parent's written consent for treatment of children.

Health promotion and prevention

It was practice policy to offer all new patients registering with the practice a health check with the / practice nurse. The GP was informed of any health concerns and these were followed-up in a timely manner. The practice had numerous ways of identifying patients who needed additional support, and were pro-active in offering additional help. The IT system prompted staff when patients required a health check such as a blood pressure check and arrangements were made for this. Patient and population group registers were in place to enable the practice to keep a register of all patients requiring additional support or review, for example patients who had a learning disability or a specific medical condition such as diabetes. Despite patient concerns being reported for the recall systems in place, practice records and QOF information showed that those who needed regular checks and reviews had received them. The IT system monitored the progress staff made in inviting patients for their annual health review. This included sending letters and telephone calls to patients to remind them to attend their appointments.

The practice performance for cervical smear uptake was lower than the national target at 67.4% and this was not in line with other practices across the CCG. The practice had identified this as an area for improvement and they spoke about the challenges they faced in a diverse cultural community. However there was no evidence to show what action had been taken or any improvement plan in place. The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Last year's performance for all immunisations was just below the CCG average in most of the areas and we were shown how non-attenders were being followed up by the practice.

Requires improvement

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Patients completed CQC comment cards to tell us what they thought about the practice on the day of our inspection. We received eight completed cards and they were mostly positive about how caring the practice staff were and about the service provided. Patients said they had difficulty getting an appointment but when they did they were treated by doctors and nursing staff that were helpful and caring. They said staff treated them with dignity and respect. We also spoke with 19 patients before and during the inspection. All told us they felt they were respected and treated compassionately. Some told us however that the signage on the GP consultation rooms saying that patients only had 10 minutes for each appointment was not a caring approach to some patients who might have complex problems or may experience language barriers.

We reviewed the data available for the practice on patient satisfaction and identified that improvements were required. This included information from the national patient survey (from published on the 8 January 2015). The proportion of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care was 79% compared with the national figure of 81%. The proportion of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern was 76% compared with 85% nationally. The proportion of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse good or very good at involving them in decisions about their care was 81% compared to 85% nationally. The proportion of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern was 84% compared to 90% nationally.

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

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. The patient waiting area was open plan and we saw glass partitions so that receptionists could speak with patients without being over heard. This prevented patients overhearing potentially private conversations between patients and reception staff. Staff told us that if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would raise these with the practice manager.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example, data from the national patient survey showed 77% of practice respondents said the GP involved them in care decisions and 82% said the last GP they saw or spoke to was good at explaining tests and treatments.

Patients we spoke with on the day of our inspection told us the GP and nurses involved them in making decisions about their care and treated. They said practice staff were very supportive. However others pointed out to us that delays in getting a GP appointment and delays to the scanning of their results often meant the information was not readily available during an appointment time to discuss with their GP. Some patients told us reception staff always greeted them in a friendly and caring manner. Patient feedback on the comment cards we received was also positive and aligned with these views.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patents this service was available and saw the service being used on the day of our inspection.

Patient/carer support to cope emotionally with care and treatment

Requires improvement

Are services caring?

The survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area. The patients we spoke with on the day of our inspection and the comment cards we received also spoke positively about how they had received good emotional support and care. We saw patient information leaflets and posters sign posting patients and families to support agencies and services.

On the day of the inspection patients described good support from staff in the care and treatment for end of life care provided to their families.

Inadequate

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 not always responsive to patient's needs. The needs of the diverse community were understood by staff we spoke with and systems were in place to address identified needs in the way services were delivered. However, access to appointments was a major concern for patients we spoke with before and during our inspection and the practice did not have a clear strategy in place for improving this system.

The NHS England Area Team and Clinical Commissioning Group (CCG) told us that the practice engaged regularly with them and other practices to discuss local needs and service improvements that needed to be prioritised. We saw minutes of meetings where this had been discussed and actions agreed to implement service improvements and manage delivery challenges to its population. For instance the local population had a high number of patients with substance misuse problems and the practice worked closely with other organisations to arrange regular reviews and monitoring of this vulnerable patient group.

The practice had recently re-established a patient participation group. The practice undertook a patient survey in September 2015 and from this changes were made to the posters available in the patient waiting room to include information about appointment times and the advertisement of online patient services.

Tackling inequity and promoting equality

We found examples of how the practice had recognised the needs of different groups in the planning of its services. Such as having the availability of counselling services within the practice and access to a mental health awareness link worker to meet the needs of patients with a mental health condition. We found the practice had developed practice registers to identify this vulnerable patient group and they had worked closely with the link worker to keep this updated.

We spoke with a lead GP who worked at a different practice within the SSP Health Ltd who had undertaken a Royal College of General Practitioners (RCGP) certificate in substance misuse. This GP would in future be providing one session per week at the practice to focus on supporting patients with substance misuse and addictions. They worked closely with other organisations that provided support to this patient group.

The practice had a high percentage (approx. 30%) of patients who could not speak English and who came from a mix of different cultural groups. The practice used professional health care interpreters to support these patients during their appointments and consultations. We were told practice staff refrain from the use of family members or other untrained individuals as interpreters but they acknowledged at times it was challenging when patients brought with them family members to interpret. We saw that posters were available in a number of different languages in the patient reception and waiting area but this did not include all directional signage throughout the practice. For instance we saw a sign written in English on each consultation room telling patients that each appointment could only last 10 minutes. Not only was the format not suitable for all patients but it also showed a lack of sensitivity to people whose language barriers might require them to have more time with the GPs to communicate their needs.

The practice provided equality and diversity training through e-learning. Staff we spoke with confirmed that they had completed the equality and diversity training in the last 12 months and that equality and diversity was regularly discussed at staff appraisals and team events.

The premises were purpose built and met the access 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 all patients attending the practice and included baby changing facilities. The practice had wide corridors easily accessible for patients with wheelchairs.

Access to the service

Appointments were available from 8am to 6.30pm each day Monday to Friday. This included face to face appointments and telephone consultation appointments. We saw information was available to patients about appointments on the practice website, though this was only displayed in English. This included how to arrange urgent appointments and home visits and how to book appointments through

the website. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it 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. The practice had introduced on line booking of appointments but we were told this was not successful and they acknowledged it could be because of the diverse population it served. Text messaging had been introduced to try to reduce the number of patients not attending for appointments.

We spoke with 19 patients during this inspection and most were unhappy with the GP appointment system. Patients we spoke with during the inspection said they had tried to get a 'double appointment' but this was often not possible and neither was it possible to get an appointment with the GP of their choice. On the morning of our inspection we saw that patients were waiting for the practice to open to ensure they got an appointment for later that day. When they returned to the practice we asked them why they had done this and they told us it was because either they experienced problems getting through on the telephone or they were not confident they would be seen the same day. They also told us about long delays in getting through to the practice on the telephone sometimes for a few hours. The practice was aware of this and told us that a new telephone system was being installed soon. Patients told us there was limited booking of appointments in advance. One example given was when an appointment which had been made two weeks in advance had to be cancelled by the practice and the next available appointment was not for another two weeks. This meant the patient who needed to see the GP had not been able to achieve this for four weeks and they were very unhappy about this.

Patients told us of a number of occasions when they had needed urgent same day appointments they had not been able to achieve this. Most of the patients told us they could not access an appointment of their choice and they did not see the same GP for each GP appointment. This caused them concern and anxiety. Patients told us they lacked confidence in the doctors they saw because they had to repeatedly go over their problems and there was no continuity of care. We saw a number of formal complaints had been made by patients about not being able to get an appointment at the practice and their concern with the regular use of locum and agency GPs. We spoke with staff during our visit and they acknowledged that patient access to appointments was a problem for the practice despite having daily on calls GPs to respond to increased demands.

We did see the practice had good interagency working to ensure the needs of patients experiencing poor mental health were met. This included longer appointments, shared care packages and home visits undertaken by GPs and nurses to make the process less stressful for these patients.

Listening and learning from concerns and complaints

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

We saw that information was available to help patients understand the complaints system. This was included in patient information leaflets and on posters in the patient waiting area. Patients we spoke with were aware of the process to follow if they wished to make a complaint. However, some patients reported they were not happy with the responses they had received from the practice.

We looked at 13 complaints received in the last 12 months and found they related to a number of different issues. For example patients complained about not being able to get through on the telephone, they were unhappy about not being able to get an appointment in a timely manner or with the GP of their choice. A number of complaints were made about the 10 minute appointment system and posters displayed on consulting room doors that confirmed this. Across the information we reviewed all complainants had received a response from the practice, including a written response from the GPs if it had involved them.

The records held by the practice did not include what actions had been taken in response to complaints and what lessons had been learnt. There was no evidence that actions plans were put into place prevent similar complaints arising, or that shared learning across the practice had taken place. This was a particular concern expressed to us by staff because of the regular use of locum GPs who attended the practice infrequently. We were told that systems were not in place to ensure that when complaints were made all locum GPs were informed of this.

Are services well-led?

Inadequate

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

Our findings

Vision and strategy

The practice had a 'Vision Statement' which was corporate in style and stated how the practice aimed to deliver outstanding clinical services responsive to patient's needs. This was detailed in a patient information leaflet which was available within the patient waiting areas. We noted that the leaflet did not include specific detail about the organisations commitment to ensuring the particular cultural needs of patients living in this community would be met.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff on the computer and for some in hard copy in the offices. The practice held irregular practice meetings and this did not include all staff members such as the practice nurses and locum GPs. We looked at minutes from the last two meetings and found that performance, quality and risks were discussed with staff during the meeting. We saw that monthly clinical meetings were carried out to review patients who were being treated for cancer along with a multi-disciplinary team. We saw in the minutes of the meeting there had been open discussions about the concerns that doctors had about the service they could provide. Concerns were seen relating to delays in patient scanning of records, locum GPs not taking actions when a patient had been discharged from hospital for example when a change in medications was required. Also we saw there was discussion about the pressures put on GPs to provide continuity of care through the current GP resources. The records of the meeting showed these concerns were identified in August 2014 yet the same problems were confidentially reported to us during our inspection.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed it had made improvements and was performing in line with national standards for a number of the indicators. However we spoke extensively about the practice low level of cytology screening for patients (the practice had achieved 67.4% compared to the national figure of 81.89%) and the challenges they faced within their diverse cultural community. Despite this we were not assured that an effective action plan had been put into place to improve performance in this area. We saw that QOF data was regularly discussed at team meetings, management staff attended meetings outside the practice with the local CCG to monitor performance. We found the practice regularly reviewed their performance but there was a lack of clinical audit and research systems in place.

There was a leadership structure with named members of staff in lead roles. For example, there was a GP lead for safeguarding. We spoke with a number of administration and reception staff and they were clear about their own roles and responsibilities. We found that GPs were supported with organisational leads such as for teaching and training and governance. However we were told that local systems for clinical leadership and support within the practice required improvement. We were told there were not enough GPs to meet the patient demand and due to the work pressures GPs often were unable to support each other. Concerns were raised about the high use of locum and agency GPs and the lack of supervision and monitoring of their work. There was no effective system in place to ensure they got feedback on their performance or that information about events or serious incidents had been shared with them. This increased the risk that locums could continue to provide care or treatment the other GPs had ceased to provide because of concerns. We found evidence of such instances across the serious events and the patient's complaints information we viewed.

Leadership, openness and transparency

We saw from minutes that team meetings were held infrequently but the practice manager was aware of this and planned to make improvements. We spoke with staff of varying roles, a number of these staff were newly recruited and we had mixed feedback in terms of the leadership, support and transparency of the practice. Some reported there was a friendly, open culture within the practice and they felt valued, well supported and knew who to go to in the practice with any concerns. Others raised concerns that although systems were in place to report incidents and patient concerns they were not assured that any concerns raised would be dealt with appropriately.

The practice manager was responsible for human resource policies and procedures with the support of a lead manager from SSP Health Ltd. We reviewed a number of policies, for example recruitment of staff, staff induction

Are services well-led?

Inadequate

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

and management of sickness which were in place to support staff. Staff we spoke with were familiar with the practice policies and procedures and knew how to access them.

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

The practice gathered feedback from patients through asking them to complete a 'friends and family' patient survey, We looked at the results of this for March 2015 and the results showed that 40% of patients would not recommend this practice to friends and family and the same figure for those who would. The same month patient comments made were complimentary of staff, but they were disappointed in the long waits and there being no practice answer machine. The practice manager confirmed that actions had been taken to try to improve the appointment system and a new telephone system was to be installed the week after our inspection. We saw the practice had undertaken a patient survey in January 2014 but this had not been repeated since this date.

The practice had an active patient participation group (PPG) which had been recently set up and one meeting had been held. The PPG included representatives from various population groups within this diverse community.

The practice had a whistleblowing policy which was available to all staff and those we spoke with were aware of this.

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at five staff files and saw that regular appraisals took place which included a personal development plan. Staff told us that the practice was very supportive of training and that they had staff away days where guest speakers and trainers attended.

The practice had completed reviews of significant events and other incidents and shared with staff at clinical meetings. However GPs who covered the practice infrequently and GP locums did not attend formal meetings so were not always aware of incidents and the actions taken to ensure the practice improved outcomes for patients. There were no written actions plans when incidents and complaints had occurred. This meant that the practice manager could not monitor the effectiveness of those plans and ensure all actions were implemented to prevent reoccurrence.

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 Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The system in place for reporting incidents required improvement. The written record of incidents and the information gathered was not sufficient in detail to adequately identify risks. Information about serious patient safety events was not logged and appropriate actions taken. The system for sharing the learning from incident reporting required improvement. Locum and agency GPs did not attend meetings where patient incident and complaints were discussed. The provider did not deploy sufficient numbers of GPs to meet the demands of patient's needs including in response to their urgent needs. The GP arrangements with high usage of locum and agency GPs encouraged a lack of consistency of care and increased the risk of patient incidents and complaints occurring. We found that locum GPs were not routinely actioning changes to patient medicines when they were reviewing patient discharge summaries.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider did not have effective systems in place to ensure locum GPs were monitored closely enough to ensure any changes to care and treatments were actioned. We saw a number of instances identified within the last year of patient results and discharge summaries that were not followed up appropriately. The provider did not take timely and appropriate on-going action to ensure accurate and appropriate records. There were significant delays to patient information being scanned onto their records for a

This section is primarily information for the provider

Requirement notices

period of time before our inspection. This meant that patients attending the practice for a follow up appointment after their hospital visit were not seen by GPs with their full updated medical history.

There was no evidence that GPs undertook completed clinical audits to assess and continually evaluate their practice.

The practice's performance for cervical smear uptake was lower than the national target at 67.4% and this was not in line with other practices across the CCG. There was no evidence shown for what actions the practice had taken or that an action plan had been put into place.