

# Drs Mcelroy & Thompson 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		Good	
Are services safe?	Requires improvement		
Are services effective?	Good		
Are services caring?	Good		
Are services responsive to people's needs?	Good		
Are services well-led?	Good		

# 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 Drs Mcelroy & Thompson Surgery on 19 October 2016. Overall the practice is rated as good but requires improvement in providing safe services.

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

- The practice was in a converted residential property and the provider was aware of the limitations of the premises such as access to some of the consultation rooms and treatment room upstairs.
- The practice identified patient access to appointments as a key priority. The GP national patient survey data indicated a high level of patient satisfaction with regards to accessing appointments and service provided compared to local and national averages.
- There were some systems in place to mitigate safety risks including analysing significant events and safeguarding. However, some risk assessments for the premises and equipment were not completed or incomplete in terms of remedial actions required.

- There was emergency medication and equipment available.
- The practice was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Patients' needs were assessed and care was planned and delivered in line with current legislation.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. The practice sought patient views about improvements that could be made to the service by using a suggestions box and monitoring NHS choices and looking at survey information; however the practice did not have a patient participation group (PPG).
- Staff worked well together as a team and all felt supported to carry out their roles.

The practice must:

Comply with all health and fire safety legislation and:-

# Summary of findings

- Complete any actions identified in the fixed electrical wiring report and fire risk assessment where practical to mitigate any risks. For example, carry out fire drills and display a map of the buildings at the entrance clearly showing where oxygen is stored.
- Carry out display screen equipment risk assessments for all staff.
- Carry out disabled access risk assessments.

The practice should:

- Monitor the storage and use of blank prescription pads used for home visits.
- Update the infection control policy and review national guidance for cleaning GP practices and complete where practical actions identified in the external infection control audit from April 2016.
- Update the health and safety policy and poster to incorporate the correct named leads.
- Retain all documents relating to staff recruitment.
- Update the practice policy and patient information leaflet to include the correct details of who the patient should complain to if they were dissatisfied with the practice's response to their complaint.
- Treat verbal complaints in the same way as written complaints i.e. to record any verbal complaints and any actions taken as a result and monitor them for any trends.
- Reconsider having a Patient Participation Group (PPG).
- Make sure all materials in the first aid kit are not kept beyond the expiry date.

**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. This was because some risk assessments had not been completed and some actions identified in other risk assessments for the premises had not been addressed. For example, the last fixed electrical wiring report from 2011 identified remedial action to make the building safe but this had not been completed. The last fire risk assessment identified the need for fire drills but these were not undertaken. There were no display screen risk assessments, Legionella or disabled access risk assessments in place. There had been an external infection control audit of the premises in April 2016 which identified issues around the cleaning of the premises which had only in part been addressed where practical.

However, the practice took the opportunity to learn from internal incidents and safety alerts, to support improvement. There were some other systems, processes and practices in place that were essential to keep patients safe including medicines management and safeguarding. There was emergency medication and equipment available.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. Clinical audits demonstrated quality improvement. Staff worked with other health care teams. Staff received training suitable for their role.

Good



### Are services caring?

The practice is rated as good for providing caring services. Patients' views gathered at inspection demonstrated they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We also saw that staff treated patients with kindness and respect.

Good



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

The practice is rated as good for providing responsive services. Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff. However, the practice policy and information leaflet needed to be updated to include details of who the patient should complain to if

Good



# Summary of findings

they were dissatisfied with the practice's response to their complaint. Although the practice did respond to verbal complaints in a timely fashion, there was no record kept of the complaints, actions taken or a system to monitor any trends in complaints.

## Are services well-led?

The practice is rated as good for being well-led. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. The practice proactively sought feedback from staff and patients. Staff had received inductions and attended staff meetings and events.

**Good**



# 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 good for providing services for older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and offered home visits and care home visits. The practice participated in meetings with other healthcare professionals to discuss any concerns. There was a named GP for the over 75s and the practice were planning to participate in a local 'frailty' scheme to ensure patients received a full assessment of their health and social needs.

Good



### People with long term conditions

The practice is rated as good for providing services for people with long term conditions. The practice had registers in place for several long term conditions including diabetes and asthma. Longer appointments and home visits were available when needed. All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

The practice is rated as good for providing services for families, children and young people. The practice regularly liaised with health visitors to review vulnerable children and new mothers. 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. The practice carried out childhood immunisations and performance rates were comparable with the local CCG averages.

Good



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

The practice is as rated good for providing services for working age people. The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible. There were online systems available to allow patients to make appointments. The practice offered pre bookable appointments on Monday mornings with the nurse from 7am. The practice also offered Saturday morning flu vaccination clinics.

Good



### People whose circumstances may make them vulnerable

The practice is rated as good for providing services for people whose circumstances make them vulnerable. The practice however did not

Good



# Summary of findings

place alerts on records for patients with a learning disability but staff knew their patients well in order to identify their needs. The practice agreed to change this in case any new staff had to assist these patients. It had carried out annual health checks and longer appointments were available for people with a learning disability.

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

The practice is rated as good for providing services for people experiencing poor mental health (including people with dementia). Patients experiencing poor mental health received an invitation for an annual physical health check. Those that did not attend had alerts placed on their records so they could be reviewed opportunistically. Staff had received dementia awareness training and patients with dementia were contacted on the day to remind them they had an appointment.

**Good**



# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2016 (from 114 responses which is approximately equivalent to 2% of the patient list) showed the practice was performing better than local and national averages in certain aspects of service delivery. For example,

- 93% of respondents described their experience of making an appointment as good (CCG average 69%, national average 73%)
- 90% patients said they could get through easily to the surgery by phone (CCG average 67%, national average 73%).
- 98% said the last GP they spoke to was good at treating them with care and concern (CCG average 85%, national average 85%).

In terms of overall experience, results were higher compared with local and national averages. For example,

- 95% described the overall experience of their GP surgery as good (CCG average 81%, national average 85%).

- 92% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 71%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 47 comment cards, of which 44 were very complimentary about the service provided. Patients said they received an excellent, caring service and patients who more vulnerable were supported in their treatment. However, two cards mentioned difficulty getting appointments and two mentioned they were not happy with the attitude of reception staff.

We reviewed information from the NHS Friends and Family Test which is a survey that asks patients how likely they are to recommend the practice. Results for August to October 2016 from 4 responses showed that patients were extremely likely to recommend the practice.



# Drs Mcelroy & Thompson Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

a CQC Lead Inspector and included a GP specialist advisor.

## Background to Drs Mcelroy & Thompson Surgery

Drs Mcelroy & Thompson Surgery is based in Litherland, Merseyside. There were 5000 patients on the practice register at the time of our inspection. The practice is in a deprived area with high unemployment and chronic disease prevalence.

The practice is managed by two GP partners (one male, one female) and there is also a salaried GP. There is one practice nurse and a healthcare assistant. Members of clinical staff are supported by a practice manager, reception and administration staff.

The practice is open 8am to 6.30pm every weekday and offers pre bookable appointments on Monday mornings with the nurse from 7am. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service by calling 111.

The practice has a General Medical Services (GMS) contract and has enhanced services contracts which include childhood vaccinations. The practice is part of NHS South Sefton CCG.

## Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The 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 were provided for specific groups of people and what good care looked 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 whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

The inspector :-

- Reviewed information available to us from other organisations e.g. the local clinical commissioning group (CCG).

- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 19 October 2016.
- Spoke to staff.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events and incidents. Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The practice carried out a thorough analysis of the significant events. Significant events were discussed at staff meetings.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding vulnerable adults and children. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. Health visitors attended the practice on a weekly basis. Any concerns were discussed and dealt with immediately and reviewed at weekly clinical meetings.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (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).
- An external infection control audit was undertaken in April 2016 which identified the same concerns we found on inspection with regards to the cleaning of the environment. The practice had addressed some concerns (where practical) but some actions that were practical had not been completed. For example, there were limited monitoring systems in place. We were told the cleaner had been on a training course with regards to ensuring cleaning was carried out to national

standards but management were not aware of guidance. The practice was in part following recommended national guidance but more could be done, for example, in terms of how cleaning equipment was stored. One of the GPs was the infection control clinical lead. There was an infection control protocol but this needed updating. Staff had received up to date training. There were spillage kits and appropriate clinical waste disposal arrangements in place.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Emergency medication was checked for expiry dates. Blank prescription pads were securely stored, but there was no system in place to monitor the use of prescription forms for home visits.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. However, records were stored on the computer system and some emails containing references had been deleted and there was no hard copy of the nurse's professional registration certificate.

### Monitoring risks to patients

- There were some procedures in place for monitoring and managing risks to patient and staff safety but some improvements were required. There was a health and safety policy available but this needed to be made practice specific and the health and safety poster for employees did not identify local health and safety representatives. The practice had a fire risk assessment carried out in 2014 but not all actions identified had been completed. For example, the practice did carry out regular fire safety equipment tests but there were no fire drills or a map of the building displayed at the entrance for use by fire services clearly showing where oxygen is stored. Staff however were aware of what to do in the event of fire and had received fire safety training as part of their induction. The practice had carried out regular five year fixed electrical safety assessments of the

## Are services safe?

premises. The last assessment report was from 2011 which identified remedial work was necessary. However, there were no records available to us on the day, that demonstrated remedial work had been completed. The provider told us the building did not need a Legionella risk assessment but this needed to be documented.

- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH). However, staff had not received any assessments with regards to their working environment such as display screen risk assessments. There were no disabled access risk assessments for the building.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

### **Arrangements to deal with emergencies and major incidents**

The practice had arrangements in place to respond to emergencies and major incidents.

- All staff received annual basic life support training and there were emergency medicines available.
- The practice had a defibrillator and oxygen. There were first aid kits and an accident book available. However, it was unclear who took responsibility for monitoring the contents of the first aid kit and we looked at a sample of items and some materials were out of date.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

There were plans in place to carry out health checks for patients turned 16 years old and to send appointments out with birthday cards.

There was a named GP for the over 75s and the practice were planning to participate in a local 'frailty' scheme to ensure patients received a full assessment of their health and social needs.

The practice however did not place alerts on records for patients with a learning disability but staff knew their patients well in order to identify their needs. The practice agreed to change this in case any new staff had to assist these patients.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients and held regular meetings to discuss performance. (QOF is a system intended to improve the quality of general practice and reward good practice). The practice had good systems in place to ensure they met targets and results from 2014-2015 were 96% of the total number of points available with lower than local and national exception reporting. Performance for mental health related indicators was comparable or better than local and national averages for example:

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 93% compared to local average of 88% and national averages of 88%.

Performance for diabetes related indicators was lower than local and national averages for example:

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2014 to 31/03/2015) was 62% compared with a local average of 80% and national average of 78%.

The practice carried out a variety of audits that demonstrated quality improvement. For example, medication audits and clinical audits. For example, cervical smear uptake, antibiotic audits. The practice had been part of a local respiratory project which had improved the inhaler technique for patients with the aim of reducing hospital admissions for patients who had respiratory diseases.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. It covered such topics as infection prevention and control, fire safety, health and safety and confidentiality. The practice had GP locums and locum induction packs were available.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. Staff attended monthly meetings where there was protected learning time for in-house training or attending external events. In addition members of staff had individual weekly protected learning time so they could complete their mandatory e-learning training. Training included: safeguarding, fire safety awareness, equality and diversity, basic life

# Are services effective?

## (for example, treatment is effective)

support and information governance awareness. Staff had access to and made use of e-learning training modules. Staff told us they were supported in their careers and had opportunities to develop their learning.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

### Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of

legislation and guidance, including the Mental Capacity Act 2005. GPs were aware of the relevant guidance when providing care and treatment for children and young people.

### Supporting patients to live healthier lives

Patients who may be in need of extra support were identified by the practice. This included patients who required advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice carried out vaccinations and cancer screening and performance rates were lower compared with local and/or national averages for example, results from 2014-2015 showed:

- Childhood immunisation rates for the vaccinations given to two year olds and under ranged from 82% to 98 % compared with CCG averages of 83% to 97%. Vaccination rates for five year olds ranged from 94% to 100% compared with local CCG averages of 90% to 97%.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 78% compared to a national average of 82%.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.

Results from the national GP patient survey published in July 2016 (from 114 responses which is approximately equivalent to 2% of the patient list) showed patients felt they were treated with compassion, dignity and respect. For example:

- 98% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 97% said the GP gave them enough time (CCG average 86%, national average 87%).
- 98% said the last GP they spoke to was good at treating them with care and concern (CCG average 85%, national average 85%).
- 100% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).
- 92% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%)

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

Patients told us they felt involved in decision making about the care and treatment they received. Results from the

national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were comparable or above local and national averages. For example:

- 96% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 93% said the last nurse they saw was good at involving them in decisions about their care (CCG average 87%, national average 85%)
- 91% said the last GP they saw was good at involving them in decisions about their care (CCG average 80%, national average 82%)

Staff told us that telephone translation services were available and the practice website could be translated into other languages.

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

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

The practice's computer system alerted GPs if a patient was also a carer. Supporting information for carers was available both on the practice website and in the waiting room.

Staff told us that if families had suffered bereavement, their usual GP contacted them by sending them a card and offered a longer appointment to meet the family's needs or signposted those to local counselling services available. There was also supporting information available on the practice's website.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups. For example;

- There were longer appointments available for people with a learning disability or when interpreters were required.
- Home visits were available for elderly patients.
- Urgent access appointments were available for children and those with serious medical conditions.
- Saturday morning flu vaccination clinics.

### Access to the service

The practice is open 8am to 6.30pm every weekday. The practice offers pre bookable appointments on Monday mornings with the nurse from 7am. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service by calling 111.

The practice operated a restricted pre booking of appointments for GPs to one week to free up as many appointments for on the day. This also had the effect of having very few patients failing to attend. There was also a text reminder service. Patients with dementia were contacted on the day to remind them they had an appointment.

Results from the national GP patient survey published in July 2016 (from 114 responses which is approximately equivalent to 2% of the patient list) showed that patient's satisfaction with how they could access care and treatment were higher than local and national averages. For example:

- 90% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 76%.

- 99% of respondents were able to get an appointment to see or speak to someone last time they tried (CCG average 81%, national average 85%).
- 90% patients said they could get through easily to the surgery by phone (CCG average 67%, national average 73%).
- 76% said they usually waited 15 minutes or less after their appointment time to be seen (CCG average 63%, national average 65%).
- 93% of respondents described their experience of making an appointment as good (CCG average 69%, national average 73%).

Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### 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 there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available in a practice information leaflet at the reception desk and on the practice website. The complaints policy clearly outlined a time frame for when the complaint would be acknowledged and responded to. However, details of who patients should contact if they were unhappy with the outcome of their complaint needed to be updated.

The practice discussed complaints at staff meetings. We reviewed a log of previous complaints and found written complaints were recorded and written responses included apologies to the patient and an explanation of events. The practice responded to verbal complaints, for example, in response to a verbal complaint, the practice now sent bereavement cards. However, there was no record kept of the complaint or action taken or a system to identify any trends to prevent reoccurrence.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice described their purpose as to provide their patients with a high standard of care with good access as the key to providing a safe service.

### Governance arrangements

Evidence reviewed demonstrated that the practice had:-

- Practice policies that all staff could access on the computer system. However, the infection control policy needed to be updated and the health and safety policy needed to be made practice specific.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information. Meetings were planned and regularly held including: daily meeting with the practice manager and one partner, weekly partner's meetings and any outcomes were emailed to the rest of the staff team when necessary and monthly staff meetings. Other meetings included: palliative care meetings with other healthcare professionals.
- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.
- A system of continuous quality improvement including the use of audits which demonstrated an improvement on patients' welfare.

However, there was lack of safety risk assessments for the premises and some necessary actions had not been completed.

### Leadership, openness and transparency

Staff felt supported by management. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues with the practice manager or GPs and felt confident in doing so. The practice had a whistleblowing policy and all staff were aware of this.

The practice was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service when possible. However, the practice did not have a PPG but had considered setting one up in the past but had made the decision it was impractical for their practice at present due to time constraints. The practice used the NHS Friends and Family survey to ascertain how likely patients were to recommend the practice. The practice also had a suggestions box which was monitored daily. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

### Continuous improvement

The practice team took an active role in locality meetings. Clinicians kept up to date by attending various courses and events. The practice took part in local schemes and had future plans to carry out health checks for 16 year olds to incorporate health advice. The practice participated in peer meetings and actively worked on any issues raised.

## 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 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The provider did not comply with health and safety legislation. The fixed electrical wiring report for the premises from 2011 outlined the premises was unsafe until some remedial work was undertaken but this had not been completed.</p> <p>The provider had not carried out any display screen risk assessments or work station assessments for their staff.</p> <p>There was no disability access risk assessment or Legionella risk assessment. Practical actions from the last fire risk assessment (2014) had not been completed.</p>