

# High Street Surgery

## Quality Report

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Date of inspection visit: 28 February 2017

Date of publication: 31/05/2017

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

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

**Requires improvement**



Are services effective?

**Requires improvement**



Are services caring?

**Requires improvement**



Are services responsive to people's needs?

**Good**



Are services well-led?

**Requires improvement**



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the High Street Surgery on 26 August 2015. The overall rating for the practice was requires improvement. The full comprehensive report on the August 2015 inspection can be found by selecting the 'all reports' link for High Street Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

After the inspection in August 2015 the practice wrote to us with an action plan outlining how they would make the necessary improvements to comply with the regulations.

The inspection carried out on 28 February 2017 found that the practice had responded to the concerns raised at the August 2015 inspection and had implemented their action plan in order to comply with the requirement notices issued. However, we found other breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The overall rating for the practice remains requires improvement.

Our key findings were as follows:

- There was an open and transparent approach to safety and a system for reporting and recording significant events.
- The practice's systems, processes and practices did not always keep patients safe. Nor were risks to patients assessed and managed in an effective and timely manner.
- The practice did not always maintain appropriate standards of cleanliness and hygiene.
- The practice did not have adequate arrangements to respond to emergencies at the Whitfield Surgery.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always minimise risks to patient safety.
- Staff were aware of current evidence based guidance. The practice could demonstrate how they ensured role-specific training and updating for relevant staff.

# Summary of findings

- Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. However, the practice was below average for its satisfaction scores on consultations with GPs and nurses.
- There was information in the practice leaflet for new patients directing complainants to the practice manager. However, there were no complaints information posters displayed, information published on their website or a complaints leaflet made available.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had some good facilities. However, some areas of the practice had not been well maintained.
- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements

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

Importantly, the provider must:

- Ensure that the practice has regard to The Health and Social Care Act 2008, Code of practice on the prevention and control of infections and related guidance.

- Revise medicines management processes to help ensure there is a system to monitor blank prescription forms and pads and track them through the practice. Ensure that vaccines are stored appropriately. Ensure staff read, understand and sign standard operating procedures relevant to their role and errors and near misses are consistently reported and discussions take place for staff to learn lessons to reduce further risk.
- Ensure appropriate recruitment checks are undertaken prior to the employment of all staff, including directly employed locum GPs. Ensure all staff are up to date with mandatory training.
- Revise risk management and governance documents to ensure that all risks to patients, staff and visitors are identified and managing in an effective and timely manner. For example, fire risk assessments and evacuation, infection prevention and control, legionella management and responding to medical emergencies.

In addition the provider should:

- Review how information is shared with patients who may wish to make a complaint.
- Review how patients who use wheel chairs access the practice.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services.

- The practice had recorded 14 significant events in the last year. We reviewed three documented examples and we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written or telephone apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice's systems, processes and practices did not always keep patients safe. Nor were risks to patients assessed and managed in an effective and timely manner.
- The practice did not always maintain appropriate standards of cleanliness and hygiene.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always minimise risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).
- The practice did not have adequate arrangements to respond to emergencies at the Whitfield Surgery. However, the practice submitted evidence after the inspection but before publication that emergency equipment had been ordered.
- Staff we spoke with demonstrated they understood their responsibilities regarding safeguarding. However, the practice was unable to demonstrate that all staff had completed or were up to date with safeguarding training.
- We reviewed seven personnel files, including two locum GP files, and found that not all appropriate recruitment checks had been undertaken prior to employment.

**Requires improvement**



### Are services effective?

The practice is rated as requires Improvement for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.

**Requires improvement**



# Summary of findings

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions had undertaken training in areas such as diabetes and wound care.
- There were gaps in management and support arrangements for staff, including locum GPs employed directly by the practice, such as training and appraisals.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved. The clinical pharmacist reviewed care plans and regularly contacted these patients to help ensure they were receiving timely and appropriate care.

## Are services caring?

The practice is rated as requires improvement for providing caring services.

- Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- With the support of the patient participation group (PPG) the practice were promoting the role of carers. The practice were strengthening their systems to identify and provide appropriate and timely support to their patients.

**Requires improvement**



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Data from the national GP patient survey showed patients rated their experience of GPs lower than others for several aspects of care.
- Survey information we reviewed showed that improvements were required to involve patients in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

**Good**



# Summary of findings

- There was information in the practice leaflet for new patients directing complainants to the practice manager. However, there were no complaints information posters displayed, information published on their website or a complaints leaflet made available.
- There were accessible facilities, which included a hearing loop, and interpretation services available. However, the practice did not have an automatic door opening system for wheelchair users.
- Through collaboration with local GPs, the practice was hosting a clinical pharmacy project. As part of the project the pharmacist was reviewing care plans for patients with long-term conditions or at risk of a hospital admission. The pharmacist was regularly contacting patients, and their families, receiving end of life care to help ensure these patients were receiving appropriate and timely care and support.
- The practice hosted counselling and physiotherapy services so that patients registered at the practice had access to these services.
- Through collaboration with other local GPs, patients had access to a paramedic practitioner for home visits and extended appointments from 8am to 8pm at the Buckland Hospital in Dover, Kent.

## Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice told us they had a clear vision to deliver high quality care and promote good outcomes for patients.
- The practice had a range of governance documents to support the delivery of the strategy and good quality care. However, we found governance arrangements were not always effectively implemented:
- There was a clear leadership structure and staff felt supported by management.
- Practice specific policies which were available to all staff and updated regularly. However, these were not always effectively implemented across the practice.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, the practice had failed to assess and manage in an effective and timely manner all identified risks to patients, staff and visitors.

## Requires improvement



# Summary of findings

- The practice had systems for notifiable safety incidents and ensured this information was shared with staff to help ensure appropriate action was taken.
- The practice valued feedback from patients, the public and staff.
- There was a focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as requires improvement for the care of older people. The provider is rated as requires improvement for providing safe, effective, caring and well-led services and good for providing responsive services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. With the support of the clinical pharmacist it involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. With the support of the patient participation group (PPG) the practice health promotion stalls and events.
- The practice had not conducted a risk assessment or had suitable equipment and trained staff to assist less able patients from the building in the event of a fire.

**Requires improvement**



### People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The provider is rated as requires improvement for providing safe, effective, caring and well-led services and good for providing responsive services. The resulting overall rating applies to everyone using the practice, including this patient population group.

**Requires improvement**





# Summary of findings

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Data from the Quality and Outcomes Framework (QOF) showed performance for diabetes related indicators were comparable with local and national averages.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The provider is rated as requires improvement for providing safe, effective, caring and well-led services and good for providing responsive services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (A&E) attendances.
- There were four areas where childhood immunisations were measured; each had a target of 90%. The practice was above the target in three areas and below in one area.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.

Appointments were available outside of school hours and the premises were suitable for children and babies.

- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.

## Requires improvement



# Summary of findings

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

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The provider is rated as requires improvement for providing safe, effective, caring and well-led services and good for providing responsive services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours on Monday from 6.30pm to 7.30pm
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice was signed up for chlamydia screening.

**Requires improvement**



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

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider is rated as requires improvement for providing safe, effective, caring and well-led services and good for providing responsive services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. Through collaboration with other local GPs, the practice was hosting a clinical pharmacy project. As part of the project the pharmacist was reviewing care plans for elderly and vulnerable patients and regularly contacting patients, and their families, receiving end of life care to help ensure these patients were receiving appropriate and timely care and support.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff we spoke with knew how to recognise signs of abuse in children, young people and adults whose circumstances may

**Requires improvement**



# Summary of findings

make them vulnerable. They 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.

- Staff had undertaken training to help them support patients with learning disabilities.

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

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider is rated as requires improvement for providing safe, effective, caring and well-led services and good for providing responsive services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- The practice carried out advance care planning for patients living with dementia.
- 94% of patients diagnosed with dementia had received a face to face care review meeting in the last 12 months, which was better than the local average of 85% and the national average of 84%. The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- Performance for mental health related indicators were better than local and national averages in some areas of care.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. Two hundred and twenty five survey forms were distributed and 99 were returned. This represented 1% of the practice's patient list.

The results showed the practice was comparable with local and national averages with;

- 71% of respondents finding it easy to get through to this practice by telephone, the same as the clinical commissioning group (CCG) and similar to the national average of 73%.
- 84% of respondents were able to get an appointment to see or speak with someone the last time they tried compared to the CCG average of 80% and the national average of 76%.

However, improvements could be made to patients overall experiences of the practice. For example;

- 76% of respondents described the overall experience of this GP practice as good compared to the CCG average of 84% and the national average of 85%.

- 66% of respondents said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 78% and national average of 80%.

NHS Friends and Family Test for 2016 showed 84% of their patients who responded to the survey were likely or extremely likely to recommend the practice to a member of their family or a friend.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received seven comment cards, all contained positive comments about the service provided at the practice. Patients commented positively about the supportive, efficient and caring attitude provided by all members of staff. Polite staff who listened was a common theme.

We spoke with five patients, including four members of the patient participation group (PPG) who told us their dignity, privacy and preferences were always considered and respected.

## Areas for improvement

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

- Ensure that the practice has regard to The Health and Social Care Act 2008, Code of practice on the prevention and control of infections and related guidance.
- Revise medicines management processes to help ensure there is a system to monitor blank prescription forms and pads and track them through the practice. Ensure that vaccines are stored appropriately. Ensure staff read, understand and sign standard operating procedures relevant to their role.
- Ensure appropriate recruitment checks are undertaken prior to the employment of all staff, including directly employed locum GPs. Ensure all staff are up to date with mandatory training.

- Revise risk management and governance documents to ensure that all risks to patients, staff and visitors are identified and managing in an effective and timely manner. For example, fire risk assessments and evacuation, infection prevention and control, legionella management and responding to medical emergencies.

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

- Review how information is shared with patients who may wish to make a complaint.
- Review how patients who use wheel chairs access the practice.

# High Street Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a second Adult Social Care CQC Inspector, a practice manager specialist adviser and a CQC Medicines Inspector.

## Background to High Street Surgery

High Street Surgery, Dover and its branch practice located Whitfield provide GP, primary medical services to approximately 7,700 patients within Dover, Whitfield and the surrounding areas in Kent. The main practice building in Dover is situated over three floors. It does not have an electronic opening system for the entrance doors, but once inside the practice all patient areas are accessible to patients with mobility issues and parents with children and babies via stairs or lifts. The Whitfield surgery is based in a bungalow, with all services delivered on the ground floor.

The practice **patient population is close to national averages but the surrounding area has a higher than average amount of people living in deprived circumstances.**

**The practice holds a General Medical Service contract and consists of six GPs partners (one female and five male).** There is one nurse practitioner (female), three practice nurses (female) and three healthcare assistant (female).

The branch surgery at Whitfield is able to provide dispensary services to those patients on the practice list who live more than one mile (1.6km) from their nearest

pharmacy premises. The GPs, nurses and dispensers are supported by a practice manager and a team of administration and reception staff. There are a range of clinics for all age groups as well as the availability of specialist nursing treatment and support.

The GPs, nurses, healthcare assistants and dispensers are supported by a practice manager and a team of administration and reception staff. A wide range of services and clinics are offered by the practice including: asthma, diabetes, minor surgery and antenatal clinics.

The practice is open from 8am to 6pm Monday to Friday. There are extended hours appointments available on Monday from 6.30pm to 7.30pm. The practice operates an appointment system.

When the practice is closed, an out of hour's service is provided by Primecare. There is information available to patients at the practice on how to access this, as well as in the practice information leaflet and on the practice's website.

Services are delivered from:

- The High Street Surgery, Dover, Kent, CT16 1EQ, and
- 43 Sandwich Road, Whitfield, CT16 3LT.

## Why we carried out this inspection

We undertook an announced comprehensive inspection of High Street Surgery on 26 August 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe, effective and well led services.

# Detailed findings

We undertook an announced comprehensive follow up inspection on 28 February 2017 to check that action had been taken to comply with legal requirements. The full comprehensive report on the August 2015 inspection can be found by selecting the 'all reports' link for High Street Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 28 February 2017. During our visit we:

- Spoke with a range of clinical staff including three GP partners, the practice pharmacist, one practice nurse, one health care assistant, the practice manager and a range of staff from the reception and administration teams as well as patients who used the service.
- Observed how reception staff talked with patients, carers and family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Visited all practice locations

- Looked at information the practice used to deliver care and treatment plans.

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
- 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).

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

At our previous inspection on 26 August 2015, we rated the practice as requires improvement for providing safe services.

- The practice was unable to demonstrate that action plans to address significant events were discussed at practice meetings. The practice was also unable to demonstrate that these action plans or lessons learnt from significant events were cascaded to the wider staff team.
- We found that the GPs had medicines in their home visit bag which were past their expiry date. Home visit bags were the responsibility of the GPs and we were told by the practice manager that GPs were responsible for reviewing medicines held in their home visit bag routinely and report to the practice manager when stocks were low or medicines had expired. However, there was no documentation to show that a formal system to routinely check the medicines held within home visit bags had been established.

We conducted an announced comprehensive inspection on 28 February 2017 to follow up on our earlier inspection findings. We found the practice had made a number of improvements, but still requires improvement for providing safe services.

### Safe track record and learning

The practice had made improvements to the system for reporting, recording and sharing significant events.

- 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 incident recording form supported the recording of notifiable incidents under 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 practice had recorded 14 significant events in the last year. We reviewed three documented examples and we found that when things went wrong with care and treatment, patients were informed of the incident as

soon as reasonably practicable, received reasonable support, truthful information, a written or telephone apology and were told about any actions to improve processes to prevent the same thing happening again.

- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, after a significant event involving too much medicine being dispensed to one patient, the practice sought advice from the local clinical commissioning group's medicines management team and another local GP practice to inform their review of their prescribing policy for this medicine.

### Overview of safety systems and processes

The practice systems, processes were not always implemented effectively to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. We reviewed one adult safeguarding case and saw that the GPs attended multidisciplinary meetings and provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding. However, the practice was unable to demonstrate that all clinical staff had completed safeguarding training. For example, the healthcare assistant and dispensary team members had not received safeguarding training. We reviewed two personnel files for locum GPs employed directly by the practice. Records showed one locum GP last completed child safeguarding awareness on 15 October 2012 and the second locum file showed eLearning safeguarding had been completed but the training was not dated.
- Notices 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



## Are services safe?

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).

The practice did not always maintain appropriate standards of cleanliness and hygiene.

- We observed that not all areas of the premises were clean and tidy. The practice had completed bi-annual infection prevention and control (IPC) audits. However, these were not effectively implemented at either site as not all issues were identified, nor were actions completed in a timely manner for those issues that had been identified. For example, the audits on 18 January 2016 and 22 June 2016 noted sinks and taps needed replacing. However, the practice was unable to demonstrate there was an action to complete this. There were cloth curtains at the Whitfield Surgery and cloth chairs at the High Street Surgery. The practice was unable to demonstrate there were cleaning regimes for these. We observed a damaged work surface in the doctors' room at Whitfield. This not been identified in the IPC audit or been suitably repaired.
- The practice nurse was the IPC clinical lead. However, we were unable to speak with the IPC lead during the course of the inspection. The practice was unable to demonstrate the IPC lead liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always minimise risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to help ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to help ensure prescribing was in line with best practice

guidelines for safe prescribing. Blank prescription forms and pads were securely stored. However, the practice did not have systems to monitor their use through the practice.

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.
- There was a dispensary at Whitfield Surgery that participated in the Dispensing Services Quality Scheme (DSQS), which rewards practices for providing a high quality service to patients they dispense for. There was a named GP responsible for the dispensary and staff were appropriately trained. There were standard operating procedures (SOPs) for dispensary tasks. However, staff had not signed to say that they had read and understood them. Staff undertook medicines use reviews with patients and referrals were made to GPs where necessary. There were processes to remove expired medicines from stock.
- Dispensary staff at the Whitfield Surgery monitored and recorded the current temperature of the medicines refrigerator twice a day. However, the systems for monitoring the temperatures of medicines refrigerators were not always effective. For example at the Whitfield Surgery maximum and minimum temperatures of the medicines refrigerator were not recorded. This meant that the practice was unable to evidence that medicines were stored at the correct temperature at all times. Maximum and minimum temperatures were recorded at the High Street Surgery but records showed that they had not been recorded on refrigerators one and two on a number of occasions. The practice told us incidents such as potential dispensing errors were reported to the manager and discussed in a practice meeting with all staff. This was evidenced within practice meeting minutes from June 2016.
- Medicine safety alerts (alerts that are issued nationally regarding faulty products) were sent to dispensary staff and dealt with appropriately.



## Are services safe?

- Controlled drugs (CDs - medicines that require extra checks and special storage because of their potential misuse) were ordered, recorded and stored according to legal requirements.

We reviewed seven personnel files, including two locum GP files, and found that not all appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. There were incomplete personnel files the locum GPs employed directly by the practice. For example, two of the locum GP files reviewed did not contain proof of identity and none of the locum GP files contained a signed contract.

### Monitoring risks to patients

Risks to patients were not always effectively assessed or well managed.

- There was a health and safety policy available.
- The practice had a designated fire marshal as well as a fire and emergency evacuation plan which stated that fire drills would be completed three times a year. However, the practice was unable to demonstrate that any fire drills had been completed. There were refuge points for patients with mobility issues in the fire and emergency evacuation plan. However, there were no fire evacuation chairs available for patients with mobility issues, nor was there a risk assessment as to why this was not deemed necessary.
- All electrical and clinical equipment was checked and calibrated to help ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular

bacterium which can contaminate water systems in buildings). However, the practice was unable to demonstrate that they had completed actions recommended in the legionella risk assessment report. For example, monthly temperature monitoring.

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to help ensure enough staff were on duty to meet the needs of patients.

### Arrangements to deal with emergencies and major incidents

The practice did not have adequate arrangements to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks at the High Street Surgery. However, this equipment was not available at the Whitfield Surgery, nor was there a risk assessment to explain why this equipment was not deemed necessary. The practice sent us information after the inspection but before publication that this equipment had been ordered.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers and contact details for a 'buddy' GP practice.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 26 August 2015, we rated the practice as good for providing effective services. However, when we undertook a follow up inspection on 28 February 2017 we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The overall rating for the practice is now requires improvement.

### Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

### 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. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 95%.

The practice had exception reporting of 11% which was the same as the CCG average and 1% higher than the national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2015/16 showed:

- Performance for diabetes related indicators was comparable to the national average. For example, 91% of patients on the diabetes register had a record of a foot examination and risk classification within the preceding 12 months which was similar to the clinical commissioning group (CCG) and national average of 89% (exception reporting 7%).
- Performance for mental health related indicators was comparable to the national average. For example, 94% of patients with schizophrenia, bipolar affective disorder

and other psychoses had comprehensive, agreed care plan documented in the record, in the preceding 12 months were above the CCG average of 85% and the national average of 89% (exception reporting 0%).

There was some evidence of quality improvement including clinical audit.

- There had been three clinical audits commenced in the last two years in areas such as dementia, minor ops and medicines management. Two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, a two cycle audit reviewing appropriate prescribing resulted in fewer unnecessary prescriptions.

### Effective staffing

There were gaps in management and support arrangements for staff, including locum GPs employed directly by the practice, such as training and appraisals.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions had undertaken training in areas such as diabetes and wound care.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff we spoke with told us they had received an appraisal within the last 12 months.
- Records showed most staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. However, we reviewed seven personnel files and found that the practice was unable to demonstrate that the training needs of all members

# Are services effective?

## (for example, treatment is effective)

of staff had been met. For example, one member of staff was not up to date with fire safety training, two members of staff were not up to date with infection prevention and control training and members of the clinical team including locum GP's could not evidence that they had completed safeguarding training. An additional three members of staff were also not up to date with Mental Capacity Act training. The practice could not demonstrate that locum GPs employed directly by the practice were up to date in training such as fire safety and safeguarding.

### 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.
- We reviewed one palliative care plan and found that the practice shared relevant information with other services in a timely way.

Staff worked together and with other health and social care professionals 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. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.

Through collaboration with other local GPs the practice hosted a clinical pharmacist who regularly contacted patients receiving end of life care. This helped to ensure that these patients received care that was delivered in a coordinated way and took into account their individual needs, including those who may be vulnerable because of their circumstances.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. However, records showed that not all members of staff had completed Mental Capacity Act training. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted those to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- The practice provided smoking cessation clinics.

The practice's uptake for the cervical screening programme was 92%, which was better than the CCG average of 82% and the national average of 81%.

There was a policy to contact patients who failed to attend their cervical screening test to remind them of the test. A female sample taker was available. There were systems to help ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

There were four areas where childhood immunisations were measured; each had a target of 90%. The practice was above the target in three areas and below in one area. These measures can be aggregated and scored out of 10. The practice scored 9.2 out of 10 which was similar to the national average of 9.1.

The practice told us they had a proactive approach for promoting appropriate health assessments and checks. Data supplied by the practice indicated they were in the

# Are services effective?

(for example, treatment is effective)

top five performing practices for health checks in the local area and had completed 108 of their 200 target health checks for 2016/17. These included health checks for new

patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

At our previous inspection on 26 August 2015, we rated the practice as good for providing caring services.

When we undertook a follow up inspection on 28 February 2017 we found the practice was continuing to provide caring services. The practice is still rated as good for providing caring services.

### Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to help maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Conversations between receptionists and patients could be overheard in the reception area and there was signage requesting waiting patients stand back from the reception desk and respect confidentiality. The receptionists were aware of patient confidentiality and we saw that they took account of this in their dealings with patients. Incoming telephone calls were managed away from the reception desk. There was a private area if patients wished to discuss sensitive issues or appeared distressed.
- Patients could be treated by a clinician of the same sex.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received seven comment cards, all contained positive comments about the service provided at the practice. Patients commented positively about the supportive, efficient and caring attitude provided by all members of staff. Polite staff who listened was a common theme.

The practice had received 109 responses from their patients to the NHS Friends and Family Test 2015 to 2016. 79% of the respondents told us they were likely or extremely likely to recommend the practice to a member of their family or a friend.

We spoke with five patients, including four members of the patient participation group (PPG) who told us their dignity, privacy and preferences were always considered and respected.

Results from the national GP patient survey published in July 2016 showed patients reported lower levels of satisfaction than previously. The practice was below average for its satisfaction scores on consultations with GPs. For example:

- There had been an 18% reduction in respondents satisfaction with 69% of respondents stating the GP was good at listening to them. This was below the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- There was 11% reduction in respondents stating the GP gave them enough time. Only 69% of respondents said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- There had been an 18% reduction in respondents satisfaction with 64% stating the last GP they spoke to was good at treating them with care and concern. This was below the CCG average of 81% and the national average of 85%.
- There had been a small decline in respondents satisfaction with the nursing team of 2%. 91% of respondents said the last nurse they spoke to was good at treating them with care and concern. This was comparable with the CCG average of 92% and the national average of 91%.
- There had been a 1% decline in satisfaction with the reception team. 88% of respondents said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 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. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

## Are services caring?

Children and young people were treated in an age-appropriate way and recognised as individuals.

Results from the national GP patient survey published in July 2016 showed improvements were required to involve patients in planning and making decisions about their care and treatment. Results were lower than local and national averages. For example:

- There had been a 7% decline in patient satisfaction when compared to the January 2016 GP patient survey findings. The July 2016 GP patient survey showed only 70% of respondents reported the last GP they saw was good at explaining tests and treatments. This was below the CCG average of 82% and the national average of 86%.
- Respondents reported a 15% decline in satisfaction regarding the last GP they saw being good at involving them in decisions about their care. The July 2016 survey data showed 60% of respondents said the last GP they saw was good at involving them in decisions about their care. This was below the CCG average of 78% and the national average of 82%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation services were available for patients who did not have English as a first language.

- Information leaflets were available in easy read format.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 62 patients as carers (0.8% of the practice list). With the support of the patient participation group (PPG) the practice were promoting the role of carers and improving their systems to help identify and in order to provide appropriate and timely support. For example they had undertaken an audit of patient with dementia to ascertain if they had identified and supported their carers. An alert was added to the system for carers not previously identified. On national carers day the PPG ran an information stand to promote the role of carers.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. The family was signposted to a support service or the counsellor at the practice.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection conducted on 26 August 2015, we rated the practice as requires improvement for providing responsive services.

- We looked at eight complaints received in the last 12 months. Records for the complaints received by the practice were unclear and did not show what the complaints related to, how they were investigated, the outcome of each investigation and whether feedback was sent to the respective complainant. Also, as there were no minutes of practice meetings held, it was difficult to establish how particular issues that required change as a result of complaints received, were shared with staff to help ensure they learnt from the complaints made.

The practice demonstrated they had addressed these issues when we undertook a follow up inspection on 28 February 2017. The practice is now rated as good for providing responsive services.

### Responding to and meeting people's needs

The practice understood its patient population profile and had used this understanding to meet the needs of its patient population:

- There were extended hours on Monday from 6.30pm to 7.30pm.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- The practice sent text message reminders of appointments.
- Patients were able to receive travel vaccines available on the NHS.
- There were accessible facilities, which included a hearing loop, and interpretation services available. However, the practice did not have an automatic door opening system for wheelchair users.
- Through collaboration with local GPs the practice were hosting a clinical pharmacy project. As part of the project the pharmacist was reviewing care plans for

patients with long-term conditions or at risk of a hospital admission. The pharmacist was regularly contacting patients, and their families, receiving end of life care to help ensure these patients were receiving appropriate and timely care and support.

- The practice hosted counselling and physiotherapy services and provided dermatoscope services. Extended services at the practice were aimed at reducing the necessity for patients to travel to hospital for treatment. Data supplied by the practice showed hospital referrals had been reduced from 373 from January 2015 to 2016 to 157 from January 2016 to January 2017.
- Through collaboration with other local GPs, patients had access to a paramedic practitioner for home visits and extended appointments from 8am to 8pm at the Buckland Hospital in Dover, Kent.

### Access to the service

The practice was open from 8am to 6pm Monday to Friday. There were extended hours on Monday from 6.30pm to 7.30pm. The practice operated an appointment system. Appointments could be booked up to six weeks in advance and urgent appointments were also available for patients that needed them.

Results from the national GP patient survey published in July 2016 showed that in some areas patient satisfaction had declined since the January 2016 survey. Patients reported lower levels of satisfaction with opening times and waiting times than the local and national averages. For example;

- There had been a 6% decline in respondents satisfaction with the practice's opening hours despite them remaining the same as previously reported. The practice achieved 61% below the local, Clinical Commissioning Group (CCG) average of 77% and the national average of 76%.
- Improvements were still required to address waiting times. In the July 2016 survey 59% of respondents said they don't normally have to wait too long to be seen. This was below the local average of 65% but comparable with the national average of 58%. Previously the practice had been reported on favourably, with 73% of respondents stating they usually waited 15 minutes or less after their appointment. This was better than the local and national averages.

# Are services responsive to people's needs?

## (for example, to feedback?)

However, respondents reported positively on being able to obtain appointments and access clinical care in the July 2016 GP patient survey.

- 84% of respondents said that the last time they wanted to speak with a GP or nurse they were able to get an appointment. This was above the CCG average of 80% and the national average of 76%.
- 90% of respondents said their last appointment was convenient compared with the CCG average of 94% and the national average of 92%.

Respondents also reported improvements in the following areas;

- 71% respondents of said they could get through easily to the practice by telephone. This was a 12% improvement and the same as the CCG average and similar to the national average of 73%.
- 80% of respondents described their experience of making an appointment as good. This was a 12% improvement on previous results and above the local average of 75% and the national average of 73%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. 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 revised the system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- There was information in the practice leaflet for new patients directing complainants to the practice manager. However, there were no complaints information posters displayed nor did the practice have a complaints leaflet.
- The practice was also using a text messaging service to obtain patient views and treated any negative comments as complaints in order to learn from them and make improvements to services.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled in a timely way and with openness and transparency. Records showed that complaints were discussed at staff meetings.



# Are services well-led?

Requires improvement 

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

## Our findings

At our previous inspection on 26 August 2015, we rated the practice as good for providing well-led services. However, at our inspection on the 28 February 2017 we found evidence breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The practice is now rated as requires improvement for providing well-led services.

### Vision and strategy

The practice told us they had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice told us their values were to provide high quality, effective, treatment. Staff we spoke with talked positively about how they were able to use the practice values to deliver patient centred care.

### Governance arrangements

The practice had a range of governance documents to support the delivery of the strategy and good quality care. However, we found that governance arrangements were not always effectively implemented:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas infection prevention control and safeguarding. The GPs also had leadership roles outside the practice. For example one of the GP partners was a governing body member with the local clinical commissioning group (CCG).
- Practice specific policies which were available to all staff and updated regularly. However, these were not always effectively implemented across the practice. For example, the infection prevention and control policy.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held regularly which provided an opportunity for staff to learn about the performance of the practice.
- There was evidence that clinical audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, the practice had failed to assess and manage in an effective and timely manner all identified risks to patients, staff and visitors. For example, health

and safety risks including fire safety and legionella monitoring. Nor had risk assessments identified that the practice was not able to respond to medical emergencies at the Whitfield Surgery.

- We saw evidence from minutes of meetings that allowed for lessons to be learned and shared following significant events and complaints, including complaints gathered from the text messaging service implemented by the practice.

### Leadership and culture

On the day of inspection the partners told us they prioritised safe, high quality and compassionate care. Staff we spoke with told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to help 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. From the sample of documented examples we reviewed we found that the practice had systems to help 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.

There was a clear leadership structure and staff felt supported by management.

- The practice held a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were

# Are services well-led?

Requires improvement 

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

involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice told us they encouraged and valued feedback from patients and staff. It sought feedback from:

- Patients, through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG and practice worked together to promote the role of carers through audits and through a programme of events including a stall at the practice on national carer's day.
- The NHS Friends and Family test, complaints and compliments received and through feedback from the text messaging service.
- Staff, through staff surveys, staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## **Continuous improvement**

There was a focus on continuous learning and improvement at all levels within the practice. At our inspection in August 2015, the practice told us they had plans to host services for physiotherapy and musculoskeletal conditions. We saw at this inspection this had been implemented and was being used to improve outcomes for patients and reduce referrals to secondary care. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. Through collaboration with local GPs the practice was hosting a clinical pharmacy project.

The clinical pharmacists role was extensive and incorporated improvement in patient compliance and understanding of their medication, such as improving medicines safety, providing support to our administration team for medicines queries and liaising with local pharmacies and the medicines management team at the CCG. They reviewed care plans for patients with long-term conditions or at risk of a hospital admission. The pharmacist regularly contacted patients, and their families, receiving end of life care to help ensure these patients were receiving appropriate and timely care and support. The practice was supporting the clinical pharmacist to undertake training to become an independent prescriber.

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The practice failed to assess and monitor the risk of, and preventing, detecting and controlling the spread of infections, including those that are health care related:</p> <ul style="list-style-type: none"><li>• The practice failed to have regard to The Health and Social Care Act 2008, Code of practice on the prevention and control of infections and related guidance.</li><li>• The practice failed to ensure infection prevention and control audits were effective in that not all issues were identified and issues that were identified were not action in a timely manner.</li></ul> <p>The practice failed to do all that is reasonably practicable to mitigate risks to service users in that:</p> <ul style="list-style-type: none"><li>• The practice was unable to demonstrate that blank prescription pads and forms were tracked and monitor them through the practice.</li><li>• The practice was unable to demonstrate that vaccines were stored appropriately and were within their expiry date.</li><li>• The practice was unable to demonstrate that fire risk assessments were effective for all service users or that fire drills were carried out on a regular basis.</li><li>• The practice was unable to demonstrate that actions identified in risk assessments were completed. For example, legionella monitoring.</li></ul> <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
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This section is primarily information for the provider

## Requirement notices

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

Regulation 17 HSCA (RA) Regulations 2014 Good governance

**The provider failed to establish and operate effectively systems to:**

**Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.**

The practice was unable to demonstrate they had effective procedures to manage quality improvements or governance systems relating to the monitoring of risk to patients, for infection prevention and control, fire safety and legionella management.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

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

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

- The provider failed to ensure that persons employed (including Locum GP) in the provision of regulated activity received appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.
- The provider could not demonstrate that all members of staff employed by the practice had all the necessary training and support.

This was in breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

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

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

- The provider could not demonstrate that the locum GPs employed directly by the practice had all the necessary recruitment checks.

This section is primarily information for the provider

## Requirement notices

This was in breach of Regulation 19 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.