

Dr Vishnu Parmar

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Vishnu Parmar on 19 September 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for managing significant events. We saw a positive culture in the practice for reporting and learning from medicines incidents and errors.
- Most risks to patients were assessed and generally well managed. However the arrangements for medicines needed improvement.
- The practice offered dispensing services to patients who lived more than one mile (1.6km) away from their nearest pharmacy.
- Patients' needs were assessed but as exception reporting was high in some areas not all patients received care and treatment in line with current evidence based guidance.
- An understanding of the performance of the practice was maintained. However, the audit programme was not effective and did not demonstrate continuous improvements to patient care.
- Staff worked with other community based health and social care professionals to understand and meet the range and complexity of patients' needs.
- Most patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients 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.

Summary of findings

- Information about services and how to complain was available and easy to understand. Improvements were made as a result of complaints and concerns.
- The governance structure needed strengthening to enable the provider to have effective oversight of quality and risk and to take steps to improve these areas.
- The practice proactively sought feedback from staff, patients and the patient participation group, which it acted on.
- There was a clear leadership structure and staff felt supported by management. Staff were supported with their professional development including training and appraisals.

The areas where the provider must make improvements are:

Ensure care and treatment is provided in a safe way for patients by:

- Either stocking or risk assessing the absence of recommended emergency medicines to mitigate the risk of harm to patients.
- Taking effective steps to review all patients affected by MHRA alerts.

Ensure the systems to enable the provider to assess and monitor quality are effective by:

- Improving the systems for clinical audit including the use of two cycle audits to drive improvements to patient outcomes.
- Review the recall systems and the areas of lower performance in QOF and higher rates of exception reporting.

The areas where the provider should make improvements:

- Consider undertaking a dispensary audit to monitor the quality of the dispensing process and regular clinical audits to monitor the prescribing of controlled drugs.
- Review and monitor the outstanding areas of risk or improvement areas highlighted in the practice's action and maintenance plan.
- Continue to recruit patient participation group members to ensure they provide a voice for patients and are influential in shaping service provision.

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 effective systems in place for reporting and analysing significant events including medicine incidents and errors. Lessons were shared as a practice team to ensure action was taken to improve safety in the practice. When things went wrong patients received support, information and / or apologies.
- The practice had suitable arrangements in place to keep patients safe and safeguarded from abuse. This included infection control and recruitment.
- The arrangements for medicines needed improvement. This included reviewing patients affected by MHRA alerts, auditing controlled drugs and stocking recommended emergency medicines.
- The practice offered a dispensary service to its patients and a part-time pharmacist was employed to undertake medicine reviews only.
- The practice had been supported by the clinical commissioning group in developing an action plan to ensure identified improvements were made to the premises and environment within a stipulated time frame.

Requires improvement



Are services effective?

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

- The practice used the Quality and Outcomes Framework (QOF) as a method of monitoring patient outcomes. The 2015/16 results showed the practice had an overall achievement of 92.9% which was below the local average of 97.3% and the national average of 95.4%.
- Published data showed clinical indicators for mental health and some conditions commonly found in older people were below local and national averages.
- Patients' needs were assessed but as exception reporting was high in some areas not all patients received care and treatment in line with current evidence based guidance.
- Although some clinical audits had been undertaken, there was limited evidence of quality improvement.

Requires improvement



Summary of findings

- Arrangements were in place to ensure staff were supported with appropriate training, professional development and supervision. There was evidence of appraisals and personal development plans for staff.
- Staff worked collaboratively with other health and social care professionals to plan and co-ordinate the care of patients' with multiple and / or complex health needs.
- Patients had access to a range of health checks and most of the uptake rates for cancer screening programmes were comparable to the local and national averages.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Feedback from patients was largely positive about the way staff interacted and treated them. Patients told us staff treated them with care and concern, and their privacy and dignity was respected. Patients also felt involved in decisions about their care and treatment.
- This was aligned with the national GP patient survey results which showed patients rated the practice in line with or above local and national averages for several aspects of care. For example, 95% of patients said they found the receptionists at the practice helpful and 96% said the last nurse they spoke to was good at treating them with care and concern.
- We observed staff treating patients with kindness and respect, and they maintained patient and information confidentiality.
- The practice provided information about the services and support groups for patients and carers which was accessible and easy to understand.
- The practice had identified 1.9% of its practice population as carers (35 patients). In liaison with the attached care coordinator, staff were proactive in providing support or signposting carers to relevant services for advice and guidance.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Patients 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 national GP patient survey data showed patients' satisfaction with how they could access care and treatment was

Summary of findings

significantly above the local and national averages. For example, 96% of patients described their experience of making an appointment as good compared to the local average of 72% and the national average of 73%.

- Practice staff considered the needs of the local population and delivered services to meet their needs. For example, the practice offered dispensing services to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy.
- A range of services were offered and hosted by the practice to avoid patients having to travel. This included: minor surgery and joint injections, access to a counsellor and citizens advice bureau representative.
- The practice accommodated the needs of patients with a disability or impairment.
- Information about how to complain was available and easy to understand and evidence showed the practice responded to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- Staff were committed to the delivery of high quality care and promoting good outcomes for their patients but this had not been achieved for all patients and exception reporting was high in some areas.
- The practice vision was supported by a business development plan which covered staffing and service development.
- The overarching governance framework needed to be strengthened to ensure a comprehensive understanding of the practice performance was maintained and areas of under performance were addressed.
- Clinical audit was not driving significant improvements at the practice and there was limited evidence of external peer review, best practice sharing with other surgeries and innovation.
- The practice had a number of policies and procedures to govern activity and held regular staff meetings.
- There was a clear leadership structure and staff felt supported and worked well as a team.
- The clinicians and the practice manager encouraged a culture of openness and honesty.
- The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

Requires improvement



Summary of findings

- Although the patient participation group (PPG) comprised of two patients, they met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team.

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.

- All patients aged 75 years and over had a named accountable GP.
- Influenza, pneumococcal and shingles vaccinations were offered in accordance with national guidance.
- Nationally reported data showed that outcomes for conditions commonly found in older people, excluding rheumatoid arthritis were below local and national averages. The practice was able to demonstrate how the low patient numbers affected their performance rates and this was consistent with our findings on the inspection.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The care coordinator and practice staff worked effectively with the multi-disciplinary team to identify frail older people and patients at risk of hospital admission to ensure their individual needs were met.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions.

- The practice nurse had a lead role in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Patients were invited for a structured annual review to check their health and medicines needs were being met. The named GP worked with relevant health and care professionals to deliver a multi-disciplinary package of care for those patients with the most complex needs.
- The practice employed pharmacist carried out medication reviews to ensure appropriate monitoring of patients taking multiple medicines.
- Patients who lived more than one mile (1.6km) from their nearest pharmacy could access the dispensing service.
- Published data showed most of the clinical indicators for long term conditions such as asthma and diabetes were comparable to the local and national averages with the exception of those for heart failure and coronary heart disease.

Requires improvement



Summary of findings

- Longer appointments and home visits were available when needed.

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people.

- Staff worked closely with the local health visitor and midwife in the care of children and young people. This included hosting the baby and antenatal clinics; and facilitating discussions relating to safeguarding concerns at the multi-disciplinary meetings.
- The practice had a dedicated child safeguarding lead and all staff had completed up to date and relevant training. Staff were aware of their responsibilities to safeguard children and vulnerable adults.
- Some immunisation rates for standard childhood immunisations were below local and national averages, others were above. For example, childhood immunisation rates for the vaccinations given to five year olds ranged from 67% to 94%.
- Appointments were available outside of school hours and staff told us urgent appointments were available on the day.
- The premises were suitable for children with dedicated baby changing facilities.

Requires improvement



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 needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services which included appointment booking, ordering of repeat prescriptions and access to summary care records.
- Health promotion and screening services that reflected the needs for this age group were offered. This included NHS health checks for patients aged 40 to 74 years.
- Most of the uptake rates for cancer screening programmes were comparable or in line with local and national averages.
- A range of services were offered at the practice to facilitate care closer to home and this included access to minor surgery and joint injections.

Requires improvement



Summary of findings

- Text messaging was used to confirm appointments and issue reminders.
- Patients could access telephone advice from nurses and GPs.

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.

- A total of 35 carers were registered with the practice and this equated to 1.9% of the patient list. Written information was available for carers and referrals were made to support services where needed.
- Temporary residents including tourists could register with the practice.
- The practice offered annual health checks and longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients including patients receiving palliative care.
- Patients could access counselling services subject to a referral by a GP.
- Staff knew how to recognise signs of abuse in vulnerable adults. They were also aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



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 2015/16 nationally published data showed the numbers of patients having a face to face review was below local and national averages. Specifically;

- 75% (three out of four) of patients with severe and enduring mental health needs had a comprehensive care plan in place in the last 12 months, which was below the local average of 93% and the national average of 89%. The exception reporting rate was 43% which was above the local average of 20% and national average of 13%.
- 100% of patients (12 in total) diagnosed with dementia had their care reviewed in a face to face meeting in the last 12

Requires improvement



Summary of findings

months, which was above the local average of 85% and the national average of 84%. The exception reporting rate was 30% which was above the local average of 8% and national average of 7%.

- Multi-disciplinary meetings were held regularly within the practice and care plans were reviewed to ensure the needs of these patients were monitored and being met.
- Clinicians had a good understanding of how to support these patients taking into account consent issues and legislation relating to the Mental Capacity Act 2005.
- Patients were signposted or had access to information relating to various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. A total of 209 survey forms were distributed and 91 were returned. This represented a return rate of 44% and 5% of the practice's patient list size. The results showed the practice was performing above local and national averages in respect of access to the service, consultations with the practice nurse and reception staff. For example:

- 100% of respondents found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 72% and the national average of 73%.
- 92% of respondents described their experience of making an appointment as good compared to the CCG average of 72% and the national average of 73%.
- 87% of respondents usually waited 15 minutes or less after their appointment time to be seen compared to the CCG average of 69% and the national average of 65%.

Lower values were achieved for interactions with GPs.

- 82% of respondents said the last GP they saw or spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 80% of respondents said the last GP they saw or spoke to was good at involving them in decisions about their care compared to the CCG and national averages of 82%.
- 77% 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 80% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards of which 34 comments were wholly positive about the standard of care received. Patients commented they felt treated with respect and dignity and that staff were helpful and listened to them during their consultations. We spoke with six patients during the inspection. Most patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Less positive feedback related to patients not always feeling listened to and some staff were described as not being friendly.

Areas for improvement

Action the service **MUST** take to improve

Ensure care and treatment is provided in a safe way for patients by:

- Either stocking or risk assessing the absence of recommended emergency medicines to mitigate the risk of harm to patients.
- Taking effective steps to review all patients affected by MHRA alerts.

Ensure the systems to enable the provider to assess and monitor quality are effective by:

- Improving the systems for clinical audit including the use of two cycle audits to drive improvements to patient outcomes.

- Review the recall systems and the areas of lower performance in QOF and higher rates of exception reporting.

Action the service **SHOULD** take to improve

- Consider undertaking a dispensary audit to monitor the quality of the dispensing process and regular clinical audits to monitor the prescribing of controlled drugs.
- Review and monitor the outstanding areas of risk or improvement areas highlighted in the practice's action and maintenance plan.

Summary of findings

- Continue to recruit patient participation group members to ensure they provide a voice for patients and are influential in shaping service provision.

Dr Vishnu Parmar

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist advisor.

Background to Dr Vishnu Parmar

Dr Vishnu Parmar also referred to as Overseal Surgery provides primary medical services to approximately 1 825 patients through a general medical services contract (GMS). The practice has been providing services since 1910 and is situated in the rural village of Overseal in Swandlincote, Derbyshire. Services are delivered from a detached and extended bungalow. The practice offers dispensing services to patients on the practice list who live more than one mile (1.6km) from their nearest pharmacy.

The number of older patients within the practice is above the local average and the number of children and young people is below the local average. The level of deprivation within the practice population is below the national average; with the practice population falling into the eighth most deprived decile. Income deprivation affecting children and older people is below the local and national averages.

Dr Vishnu Parmar (male GP) works closely with the clinical team which comprises of a salaried female GP, a female practice nurse and a practice employed pharmacist (part-time). The clinical team is supported by a practice manager and a team of reception staff; who also have dual roles as dispensers.

The practice is open between 8am and 6.30pm Monday to Friday. GP appointments (pre-bookable) are available from 9am to 12pm every morning and 4pm to 6pm daily with the exception of Thursday afternoons. GP appointments are for on the day urgent appointments on Thursday afternoons.

The practice has opted out of providing out-of-hours services to its own patients. When the practice is closed patients are directed to Derbyshire Health United (DHU) via the 111 service.

We previously inspected this practice on 29 May 2013 and identified the practice were not meeting the required standards in relation to medicines and assessing and monitoring the quality of service provision. We carried out a re-inspection on 14 November 2013 and found these standards had been met.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and to provide a rating for the provider under the Health and Social Care Act 2008 and associated regulations.

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. This included NHS England and Southern Derbyshire clinical commissioning group. We carried out an announced visit on 19 September 2016. During our visit :

Detailed findings

- We spoke with a range of staff (GPs, practice nurse, practice manager, reception and dispensing staff).
- We spoke with six patients including two members of the patient participation group (PPG).
- We reviewed 39 comment cards where patients shared their views and experiences of the service and information displayed for patients within the practice.
- We reviewed practice policies, records relating to the management of the service and treatment records of patients to corroborate our findings.

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

Safe track record and learning

The practice had a process in place for reporting, recording and investigating incidents. This included near misses, accidents and significant events.

- We found the practice had a significant event policy in place which provided staff with guidance on the process for incident reporting. Staff told us they were encouraged to report incidents to the practice manager, nurse or GPs within a supportive ‘no blame’ culture.
- A “significant event record form” was readily available to all staff on the computer. The completed forms were reviewed by the management team to determine the severity of potential or actual risks and to inform the remedial action needed to protect patients and staff.
- A total of 14 significant events had been recorded in the last year. Records reviewed showed the significant events had been analysed, discussed with staff and improvement actions were agreed and implemented.
- Learning had been applied when unintended errors or unplanned events had occurred. For example, rechecking of medicines with similar names or dosages was undertaken by a second member of staff before being dispensed to patients. Staff told us this minimised the number of dispensing errors.
- Patients received an apology, appropriate support and / or a review of their health needs when there had been an unintended or unexpected incident.

The practice had a process in place for receiving and acting on patient safety alerts including those from the Medicines and Healthcare products Regulatory Agency (MHRA). MHRA alerts were received by e-mail and reviewed by the dispensing staff and clinicians. When concerns were raised about specific medicines, patient searches were primarily undertaken by the GP, practice nurse and / or pharmacist to identify which patients may be affected. A review of the prescribed medicines was undertaken timely on most occasions to ensure patients were safe. Meeting minutes reviewed showed patient safety alerts were discussed, lessons were shared and action was taken to improve safety in the practice.

However, an audit that we looked at showed that where updates were received which indicated that medicines

should be reviewed and changed this was not always done in a timely way. For example, an audit was carried out in September 2016 in response to a patient safety alert re-issued in December 2014 which related to medicines used to lower cholesterol. The audit showed 50% (two out of four) of patients had not received immediate changes to their medicines and their prescription continued to be re-issued before a medicine review was undertaken which is not in line with recommended guidance. Following our inspection we were told these two patients had received a review of their medicines.

Overview of safety systems and processes

The practice had systems in place to keep patients safe and safeguarded from abuse.

- Arrangements were in place to safeguard children and vulnerable adults from the risk of abuse. All staff we spoke with demonstrated a good understanding of what constituted a safeguarding concern, what action to take if abuse was suspected or witnessed and this included liaison with the safeguarding leads or external agencies. The senior GP had lead responsibility for safeguarding children and vulnerable adults, and was supported in their role by the practice nurse. All staff had received up to date training that was relevant to their role. This included level one and two training on safeguarding children for all reception staff and level three training for the GPs and practice nurse. All clinicians had access to smartphone applications which provided them with local information about child safeguarding. Safeguarding policies were up to date and accessible to all staff. Meeting minutes showed concerns relating to any families, children and vulnerable adults were discussed and safeguarding measures were agreed with other professionals; for example the health visitor. The practice had a register in place for vulnerable adults and a system to highlight safeguarding concerns on their medical records. We were told there was no active child protection / safeguarding cases open to the practice.
- The practice was signed up to the “safe place scheme” which helped people with learning disabilities to deal with any incident that took place whilst out and about in the community. Incidents could range from harassment or bullying to just needing directions.
- Notices were displayed within the practice to advise patients that they could request a chaperone if required. All staff who acted as chaperones were trained for the

Are services safe?

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. DBS checks for some reception staff were in the process of being processed before they could undertake chaperone duties.

- Appropriate standards of cleanliness and hygiene were maintained within the practice. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. A process was also in place for checking staff immunity to hepatitis B and influenza. Infection control audits were undertaken and actions plans were produced which detailed the required improvements. The most recent action plan showed most of the identified improvements had been addressed; and some areas such as carpeting within the dispensing areas and offices were scheduled to be completed within the next six months.
- The practice had a recruitment process in place to ensure the needs of patients were met by qualified and competent staff. We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks.

The arrangements for managing medicines including vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received in-house training to enable them to undertake their roles. The management team were in the process of sourcing funding to enable dispensing staff to undertake related national vocational qualifications (NVQ 2) in the future.
- Dispensary staff showed us standard operating procedures which covered various aspects of the

dispensing process (these are written instructions about how to safely dispense medicines). We saw evidence of regular review of these procedures in response to incidents or changes to guidance.

- Staff feedback and records reviewed demonstrated a positive culture was promoted in respect of reporting and learning from medicines incidents, errors and near misses. These incidents were also considered as significant events.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. We saw evidence of prescriptions being signed before the medicines were dispensed and handed out to patients. When a medicine review was due, staff told us they would alert the relevant GP to re-authorise the medicine before a prescription could be issued. This process ensured patients only received medicines that remained necessary for their conditions.
- Processes were in place to monitor patients prescribed high-risk medicines and requests for repeat prescriptions.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them securely and safely.
- Arrangements were in place for the destruction of controlled drugs and staff were aware of how to raise concerns with the controlled drugs accountable officer in their area. However, we noted that the practice did not undertake regular audits to monitor the prescribing of controlled drugs (for example, unusual prescribing, quantities, dose, formulations and strength).
- Records reviewed showed fridge temperature checks were carried out which ensured medicines were stored at the appropriate temperature and staff were aware of the procedure to follow in the event of a fridge failure.
- Medicine audits were mostly undertaken with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Signed and up to date patient group directions were in place to allow the practice nurse to administer

Are services safe?

medicines in line with legislation. The practice nurse also administered a medicine used in the treatment of cancer against a patient specific direction from a prescriber or secondary care.

- The practice employed a pharmacist (one day a fortnight) to undertake medicine reviews for patients.

Monitoring risks to patients and staff

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had recently assessed and identified risks to the delivery of safe care with input from the clinical commissioning group. This covered areas such as flooring, furniture and electrics for example. An action plan detailing the improvements made and yet to be completed was in place. Improvement areas to be addressed in the future were noted on a maintenance plan and this covered décor within the practice, building work and increasing the storage area for keeping patient records.
- A health and safety policy was in place and the practice had complied with the legal requirement to display the health and safety law poster within the premises. This poster was displayed in one of the offices which was accessible to all staff.
- The practice had a fire risk assessment in place. Fire alarms and fire extinguishers were tested and serviced regularly to ensure they were in full working order.
- 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 and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The most recent legionella assessment had been completed by an external company in February 2016. We saw that mitigating action had been taken by the practice in response to recommendations made to minimise the risk of Legionella.
- The practice had service agreements in place with external companies to ensure all equipment was safe to

use and working properly. For example, portable appliance testing for electrical equipment had been completed in March 2016 and medical equipment had been calibrated in December 2015.

Staff we spoke to told us they were generally adequately staffed to meet the needs of patients; although on some occasions there was increased workload when more patients attended. Arrangements were in place for planning and monitoring the number and skill mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Administrative staff were trained across a number of roles (multi-skilled) to ensure they could provide cover for each other in the event of sickness or annual leave. The practice team had very low staff turnover and this ensured continuity of care was maintained.

Arrangements to deal with 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 had received training in basic life support or cardio pulmonary resuscitation.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- 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.
- However, we found the practice did not have in stock the following medicines: atropine (essential given minor surgery is performed at the practice) and benzyl penicillin (used to treat suspected bacterial meningitis). In response to our findings, the practice ensured these medicines were ordered on the inspection day.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and copies were held off site.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and practice nurse we spoke with could outline the rationale for their approaches to treatment. They were familiar with current evidence based guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. Records reviewed showed the health needs of some patients were assessed and treatment was delivered in line with best practice. However, the practice did not always monitor that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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 2015/16 published results showed the practice had achieved 92.9% of the total number of QOF points available. This was below the clinical commissioning group (CCG) average of 97.3% and the national average of 95.4%.

The practice had achieved an overall exception reporting rate of 17.3% which was significantly above the CCG average of 11.7% and the national average of 9.8%. 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.

Performance for most of the clinical domains was in line with or above the local and national averages. For example:

- Performance for diabetes related indicators was 91% which was comparable to the CCG average of 93% and national average of 90%. The overall exception reporting rate was 17% which was above the CCG average of 14% and national average of 12%.
- Performance for hypertension related indicators was 100% which was marginally above the CCG average of 99% and national average of 97%. The overall exception reporting rate was 5% which was in line with the CCG and the national averages of 4%.

- Performance for dementia health related indicators was 100% which was above the CCG average of 99.6% and national average of 97%. The exception reporting rate for dementia indicators was 35% which was above the CCG average of 14% and the national average of 13%.
- Performance for mental health related indicators was 87% which was below the CCG average of 97% and the national average of 93%. The exception reporting rate for mental health related indicators was 21% which was above the CCG average of 17% and national average of 11%.
- Lower QOF points were achieved for conditions such as heart failure (69%), osteoporosis (67%), secondary prevention of coronary heart disease (87%) and peripheral arterial disease (88%).

Staff told us their performance for some of the indicators appeared low and exception reporting figures were high due to the small patient numbers on the registers and non-attendance for reviews. However the practice did not present a clear plan to address these lower areas of performance and improve patient outcomes.

There was limited evidence of quality improvement including clinical audit.

- The practice showed us two clinical audits that had been undertaken in the last two years, one of these was a completed audit cycle. For example, one of the GPs undertook minor surgical procedures and had undertaken an audit looking at the patient outcomes and the quality of information recorded. Recommendations were made as a result of the initial audit and a re-audit was undertaken. The re-audit demonstrated no post-operative infections had been reported by patients and the recording of patient's consent to the procedures had improved through the use of the "minor surgery template". However, the recording of information relating to the injections used (batch numbers and expiry dates) and follow-up of patients had not significantly improved.
- The practice had also undertaken four additional "audits" (mainly information collection and data analysis) on topics relating to acupuncture, paediatric infection and antibiotic prescribing, vitamin D deficiency and uptake rates for the human papilloma virus vaccine (HPV helps protect against cervical cancer and is offered to girls aged 12 to 13 years).

Are services effective?

(for example, treatment is effective)

- The practice worked with the CCG pharmacist to undertake some prescribing audits to check that changes to prescriptions or dosages had been implemented. Records reviewed showed the practice was underspent for its 2015/16 prescribing budget.
- The practice participated in local benchmarking activities. For example, they reviewed comparative data provided by the CCG which included referral rates to hospital departments, accident and emergency attendances and hospital admissions.
- GP referrals to specialities such as gynaecology, dermatology and general surgery were mostly below the CCG average (with the exception of ophthalmology).

Effective staffing

- The practice had an induction programme for newly appointed clinical and non-clinical members of staff. This covered topics such as terms and conditions of employment, equal opportunities, health and safety and confidentiality. New staff received a period of shadowing to learn the practice policies, computer systems and patient pathways relevant to their role. Regular performance reviews were also undertaken before being signed off their probationary period.
- Staff had access to a range of training which was appropriate to meet the needs of their role. This included e-learning training modules and in-house training. Some of the courses completed by staff in the last 12 months included whistleblowing, information governance fire safety and infection control.
- The practice could demonstrate how they ensured role-specific training was undertaken. For example, the practice nurse had attended specific courses relating to diabetes, wound care, minor illness and spirometry (a test used to help diagnose and monitor certain lung conditions). Reception staff had received training in customer care. Some staff were also undertaking the 'going for gold' Gold Standards Framework training which is designed to give a new impetus to delivering high quality end of life care in primary care.
- The learning needs of staff were identified through a system of six monthly performance reviews, meetings and reviews of practice development needs. Records

reviewed showed staff had received an annual appraisal which included an evaluation of their performance in the last 12 months and the setting of future objectives including training needs.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was accessible to staff through the practice's patient record system. This included: medical records, care plans and investigation results (for example results for blood tests and x-ray examinations). The practice shared relevant information with other services, for example when referring patients to local hospitals or services.

As part of collaborative working, the practice hosted a monthly multi-disciplinary meeting which was attended by other health and social care professionals; such as the community matron, district nurse and Macmillan nurse. The purpose of these meetings included assessing and planning the on-going care and treatment for patients with complex and multiple health needs. This included the regular review of patients receiving palliative care, patients at risk of unplanned hospital admission and after they were discharged from hospital. We saw evidence of a discharge follow up process where contact was made with patients, follow-up consultations took place and care plans were updated to reflect any additional needs.

A care coordinator, employed by the local community health trust, was attached to the practice and they worked in liaison with practice staff. Their role included signposting and / or referring patients to a range of services including the local social services team, voluntary agencies, physiotherapy and occupational therapy. They also liaised with other members of the multi-disciplinary team to ensure support was given to patients living in vulnerable circumstances or who needed it.

Consent to care and treatment

Staff sought patients' consent to care and treatment 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.
- Clinical staff undertook assessments of capacity to consent in line with relevant guidance when providing care and treatment for children and young people.

Are services effective?

(for example, treatment is effective)

- Where there were concerns about a patient's capacity to consent to care or treatment clinicians undertook mental capacity assessments and recorded the outcome.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

- The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service. This included "Livewell", a healthy lifestyle service for people registered to GP practice in Derby. It offers free 12-month intervention programmes to support adults and children make lifestyle changes to improve their health and wellbeing.
- The practice team participated in the village gala which was reported to be attended by about 5000 people. Staff offered health promotion advice including blood pressure checks.
- 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. A total of 404 out of 928 patients (43.5%) had received an NHS health check since the start of the scheme.
- The practice's 2015/16 uptake for the cervical screening programme was 84% which was above the CCG average of 83% and the national average of 81.5%. The practice

offered reminders for patients who did not attend for their cervical screening test. There were systems in place to ensure results were received for samples sent for the cervical screening and the practice followed up women who were referred as a result of abnormal results.

Patients were encouraged to attend national screening programmes for bowel and breast cancer screening. For example:

- 73.5% of females aged 50 to 70 years had breast cancer screening in the preceding three years. This was marginally below the CCG average of 77% and above the national average of 72.5%.
- 62% of persons aged 60 to 69 had received bowel cancer screening in the preceding 2.5 years. This was above the CCG average of 61% and the national average of 58%.

Immunisation rates for the vaccinations given to children were either below or above the CCG and national averages as at 31 March 2016. For example:

- Childhood immunisation rates for the vaccinations given to under two year olds ranged from 62.5% to 100%. The lower value of 62.5% was achieved because three out of eight children aged two had not received the pneumococcal vaccine (PCV) booster.
- Childhood immunisation rates for the vaccinations given to five year olds ranged from 67% to 94%. The lower value of 67% was achieved because six out of 18 children had not received the second dose of the measles, mumps and rubella (MMR) vaccine.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

The practice had measures in place to ensure people's privacy and dignity was maintained when they accessed the service. For example:

- The use of curtains and chaperones (if requested) during physical or intimate examinations and investigations.
- Doors were closed during consultations with clinicians and conversations taking place in these rooms could not be overheard.
- Reception staff offered to speak with patients privately away from the reception area if a patient wished to discuss sensitive issues or appeared distressed.

We observed patients were treated with dignity, respect and kindness during their interactions with staff. Reception staff were also welcoming and friendly and we saw staff come from behind the reception desk to speak with patients where required. The practice team took pride in "caring for the community in the heart of the National Forest" and maintaining "a traditional family doctors atmosphere". This was achieved by staff treating people with kindness and compassion in their day-to-day care and continuity of care was maintained.

We spoke with six patients including two members of the patient participation group (PPG) during the inspection. Most of the patients praised the practice team for providing good quality care and described staff as polite, empathetic and very helpful. Some patients also said they appreciated that staff knew them by name and took time to have an informal discussion with them. Less positive comments related to specific aspects of patient's care which they felt had not been met.

We received 39 completed patient Care Quality Commission comment cards; and 34 cards (87%) were wholly positive about the service experienced. Feedback from patients showed the practice offered a very good service and staff were professional, caring and respectful. Less positive feedback related to patients not always feeling listened to and some staff were described as not being friendly.

The July 2016 national GP patient survey results showed satisfaction scores on consultations with GPs were mixed when compared to the local and national averages. For example:

- 94% of patients said they had confidence and trust in the last GP they saw compared to the clinical commissioning group (CCG) average of 96% and the national average of 95%.
- 88% of patients said the GP was good at listening to them compared to the CCG average of 90% and the national average of 89%.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.

Satisfaction scores for interactions with the practice nurse and reception staff were above the CCG and national averages. For example:

- 98% of patients said they had confidence and trust in the last nurse they saw compared to the CCG and national averages of 97%.
- 97% of patients said the nurse was good at listening to them compared to the CCG average of 93% and the national average of 91%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Records reviewed showed patients had been involved in developing their care plans and these had been shared with the out of hours service to ensure they could access appropriate healthcare and advice quickly.

Most patients told us they felt involved in decision making about the care and treatment they had 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 largely positive and aligned with these views.

Are services caring?

The national GP patient survey results showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were mostly in line with local and national averages for GPs and above average for the practice nurse. For example:

- 88% of patients said the GP gave them enough time during consultations compared to the CCG and national averages of 87%.
- 86% of patients said the last GP they saw was good at explaining tests and treatments and this was the same as the CCG and national averages.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national averages of 82%.
- 99% of patients said the nurse gave them enough time compared to the CCG average of 93% and the national average of 92%.
- 97% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 90%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

Patient and carer support to cope emotionally with care and treatment

Comment cards highlighted that staff responded compassionately when they needed help and provided

support when required. Written information including notices was available to direct patients to the various avenues of support available to them. This included a local club for over 50s, a range of support groups and organisations for people experiencing poor mental health or specific physical health needs.

The practice had a carers' champion and kept a register of all people who were carers. A total of 35 carers aged between 24 and 92 years had been identified on the practice's computer system. This equated to 1.9% of the patient list. The practice encouraged carers to receive vaccination against the flu virus and offered support as and when this was required.

A care coordinator attached to the practice offered support that was tailored to the individual needs of carers. This included making referrals to social services for respite, signposting carers to support groups and facilitating discussions at the regular multi-disciplinary meetings to ensure the carer's health needs were reviewed.

Staff told us if families had experienced bereavement, a bereavement card was sent and / or the GP or practice nurse contacted them to offer condolences and assess if any additional support might be required. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs, giving them advice on how to find a support or counselling service. Staff attended the funeral of some patients where possible and this depended on the level of involvement with the patient prior to their death.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Staff acknowledged that engagement at locality meetings was sometimes limited due to the small practice team. A range of services were offered to meet the needs of different population groups. For example:

- The practice was able to offer dispensing services to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy.
- The practice had systems in place to register temporary residents including people from the travelling community and tourists visiting the National Forest area.
- The practice hosted a number of services on site which minimised the need for patients to travel. This included: a weekly advisory service provided by the Citizens Advice Bureau, a weekly or fortnightly ante-natal clinic run by the midwife and patients could be seen by a counsellor subject to a referral.
- Young people aged up to 25 years had access to a confidential telephone service with the practice nurse or GP which enabled them to be triaged to the appropriate clinician for their medical need and / or access advice in respect of contraception and sexual health matters.
- The practice offered access to family planning advice, acupuncture (in-house service), minor surgical procedures and injections, which reduced the need for patients to travel to access these services.
- Mothers had access to a regular baby clinic facilitated by the health visitor, GP and practice nurse for child development checks and immunisations.
- A well woman clinic was facilitated by the practice nurse for cervical screening, postnatal checks and discussion of women's health issues.
- The practice nurse also had a lead role in chronic management and regular clinics were held for patients with long term conditions such as diabetes and asthma.
- Patients could sign up for online services to enable them to book GP appointments, order repeat prescriptions and access their medical / summary care record.
- A range of appointments including same day appointments, long appointments and home visits were offered to patients that needed them. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits to ensure these were appropriate.
- The practice used a text messaging service to remind patients about appointments.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Reasonable adjustments were made to enable people with disabilities and impairments to access the service. This included access to a hearing loop and wheelchair access via a ramp (with assistance provided by staff when needed to open manually operated doors). The practice were aware they did not have disabled access toilet with appropriate handrails and this had been noted on their maintenance plan for completion in the future.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Pre-bookable GP appointments were available from 9am to 12pm every morning and 4pm to 6pm daily with the exception of Thursday afternoons. On Thursday afternoons, GP appointments were primarily for on the day urgent appointments. Appointments with the practice nurse were available from 8.45am to 12.15pm and 1.30pm to 3pm daily except on Tuesdays.

Feedback from comment cards received and patients we spoke with was very positive about the ease of telephone access and availability of GP appointments. This was aligned with the national GP patient survey results which showed patient's satisfaction with how they could access care and treatment was significantly above the local and national averages. This was a strong feature of the practice. For example:

- 100% of patients found it easy to get through to this practice by phone compared to the CCG average of 72% and national average of 73%.
- 100% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG and the national averages of 85%.

Are services responsive to people's needs?

(for example, to feedback?)

- 99% of patients said the last appointment they got was convenient compared to the CCG average of 93% and the national average of 92%.
- 96% of patients described their experience of making an appointment as good compared to the CCG average of 72% and the national average of 73%.
- 85% of respondents were satisfied with the surgery's opening hours compared to the CCG average of 77% and the national average of 76%.

Two out of six patients we spoke with told us on occasions they experienced longer waiting times to be seen by a clinician. However, results from the national GP patient survey showed most patients experienced minimal waiting times. For example:

- 87% of patients usually waited 15 minutes or less after their appointment time to be seen compared to the CCG average of 69% and the national average of 65%.
- 82% felt they don't normally have to wait too long to be seen compared to the CCG average of 62% and the national average of 58%.

Benchmarking data for the period April 2015 to March 2016 showed the rate of accident and emergency (A&E) attendances, and emergency admissions per 1000 practice population were below the CCG average.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns.

- The complaints policy and procedures was in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

The practice had received two complaints in the last 12 months. The complaints had been acknowledged and responded to with learning applied. For example, in response to a complaint regarding "long waiting times" to be seen by a clinician; the practice team agreed that receptionists should inform patients if consultations are running more than 20 minutes behind schedule and a noticeboard board was used to notify patients of the estimated waiting times.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients but the lack of effective governance, oversight and planning meant this was not always achieved.

- The mission statement of the practice was “to provide an appropriate and rewarding experience for our patients whenever they need our support”. This was underpinned by four core values (openness, fairness, respect and accountability) shared by the practice team.
- The practice had recently compiled a five year business development plan which highlighted the practice’s objectives and future plans. This covered areas such as succession planning and service development.
- Staff we spoke with were aware of the vision and their responsibilities in relation to it.

Governance arrangements

The systems to enable effective oversight and governance needed strengthening to ensure the provider could assess and monitor the quality of care and treatment; and identify, assess and mitigate potential risk.

- An understanding of the performance of the practice was maintained to a degree. However, feedback from the senior GP and records reviewed showed the audit programme was not driving improvements to patient care in a range of clinical areas.
- Although the overall QOF achievement in the past years had remained consistent, exception reporting rates in 2015/16 for some conditions had significantly increased when compared to 2014/15 figures and this had not been fully audited. For example, in the preceding 12 months, the overall exception reporting rates for: mental health had increased from about 21% to 37.5%, dementia had increased from 16.7% to 35% and atrial fibrillation had increased from 8% to 14.5%. Atrial fibrillation is a heart condition that causes an irregular and often abnormally fast heart rate. There were no documented plans to mitigate these risks as the practice had not fully audited the cause of increase in the exception reporting rates.
- There was limited external engagement including best practice sharing with other surgeries and innovation.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were available to all staff and we saw examples of these being implemented in practice. Policies were regularly reviewed and updated.
- Arrangements had been put into place for identifying, recording and managing risks in relation to the premises and environment and an action plan had been developed.

Leadership and culture

- The GPs and management team told us they prided themselves in providing good quality general medical services in a traditional family practice setting. The recruitment of a salaried GP (part-time) in June 2016 was seen as a positive step to strengthen the clinical leadership team; which comprised of the senior GP and practice nurse.
- Staff told us there was an open culture within the practice and they felt respected, valued and supported by the clinicians and practice manager. The management team was described as being approachable and taking the time to listen to staff.
- There was a clear leadership structure in place and staff told us they worked well as a team.
- A message book was used by staff to communicate day to day activities / issues and regular meetings were held within the practice. These included management, clinical and whole staff team meetings. Staff told us they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.

The provider 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).

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.

Are services well-led?

Requires improvement 

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

- The practice had gathered feedback from patients through the patient participation group (PPG), practice surveys and the friends and family test results.
- Although the PPG comprised of two active members, the practice tried to recruit additional members with limited expressions of interest and notices were displayed within the practice informing patients about the group. The PPG met regularly, at least five times a year. They carried out patient surveys and submitted proposals for improvements to the management team. For example, the PPG prioritised the need for carers to be supported in their role and as a result they were developing an information pack to include social activities, respite and sitting services, in response to feedback from a carers' survey. They had also engaged support from the practice staff and the attached care coordinator.
- The practice produced a seasonal newsletter for patients to ensure they were aware of the services available and updates to staffing or health programmes.
- The practice gathered feedback from staff through meetings, appraisals and general staff discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. Feedback from staff was positive about the working environment within the practice. They described it as being a nice, small and friendly practice.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>We found the provider did not operate effective systems for assessing, monitoring and improving the quality of service provision by:</p> <ul style="list-style-type: none">• Undertaking regular clinical audits including the use of two cycle audits to drive improvements to patient outcomes in a range of clinical areas.• Reviewing and addressing areas of lower performance in QOF and higher rates of exception reporting to ensure all patients received care and treatment in line with current evidence based guidance. <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>
Regulated activity	Regulation
Diagnostic and screening procedures 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>How the regulation was not being met:</p> <ul style="list-style-type: none">• We were not assured that the provider had arrangements in place to take appropriate action in the event of certain clinical or medical emergencies. Some medicines recommended for use in specific clinical emergencies (including atropine and benzyl penicillin) were not in stock on the inspection day and this had not been risk assessed to mitigate the risk of harm to patients.

This section is primarily information for the provider

Requirement notices

- Not all patients affected by alerts received from the Medicines and Healthcare products Regulatory Agency (MHRA) had their medicine and health needs reviewed or audited in a timely way to ensure they remained appropriate.

This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.