

# Wellington Medical Practice

## Quality Report

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

### Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Wellington Medical Practice on 8 December 2015. The overall rating for the practice was Requires Improvement, with the Safe and Well Led key questions being rated as Requires Improvement. The practice was rated as good for the key questions of Effective, Caring and Responsive. We found two breaches of the legal requirements and as a result we issued a requirement notice in relation to:

- Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 – Good Governance.
- Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 – Fit and Proper Persons Employed.

The full comprehensive report from the inspection on the 8 December 2015 can be found by selecting the 'all reports' link for Wellington Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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

- There was an open and transparent approach to safety and improvements had been made to the system in place for reporting and recording significant events.
- The practice had some systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Information about services and how to complain was available.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

# Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively 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.

There were two recurrent themes throughout the inspection when reviewing information held and speaking with staff and patients

- Patients and staff commented that there was an apparent shortage of appointments.
- Patients said they experienced difficulty when trying to contact the practice by telephone and expressed dissatisfaction with the appointment system.

Importantly the provider must:

Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. In particular:

- The practice must respond to patient feedback that highlighted significant problems when trying to contact the practice by telephone.

- Ensure that the appointment system and the number of appointments available meets patient needs

Additionally there were areas of practice where the provider should make improvements.

The provider should:

- Review the system for managing alerts to monitor that agreed actions have been completed.
- Formalise and record clinical supervision which takes place between the nurse practitioner and GP.
- Implement a programme of quality improvement.
- Ensure patients records are updated when a repeat prescription for medication is stopped. Implement a formal system to monitor that clinical guidelines are followed.
- Ensure staff are up to date with their required training and have awareness of the named safeguarding lead within the practice. Document informal as well as formal complaints.

**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 good for providing safe services.

Good



- From the sample of documented examples we reviewed, we found there was a system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again
- There were systems in place to manage medical and patient safety alerts. However, action taken was not always documented.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety. Risk assessments included fire risk assessments and infection control audits.
- Staff demonstrated that they understood their responsibilities. However, not all staff were aware of who the safeguarding lead for the practice was.
- The practice had adequate arrangements to respond to emergencies and major incidents. Emergency medicines and equipment were available on both floors used by the practice.
- The advanced nurse practitioner received mentorship and support and the lead GP reviewed a random sample of their consultations and provided feedback. However the feedback was not recorded.
- There was a system for staff working at the practice to raise an alert and a system to track the whereabouts of the community lead practitioner when out on home visits.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were comparable to the national average.
- Staff were aware of current evidence based guidance and guidance was discussed at clinical meetings.
- Clinical audits demonstrated quality improvement although there was no programme of continuous audit.
- Staff had the skills and knowledge to deliver effective care and treatment.

# Summary of findings

- There was evidence of appraisals and personal development plans for all staff. Staff said they were supported to develop their skills by the practice.
- Staff training had been completed or planned. The management tool to manage training requirements highlighted that a catch up was needed to ensure all staff were up to date with their training.
- 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.

## Are services caring?

The practice is rated as good for providing caring services.

**Good**



- Data from the national GP patient survey showed patients rated the practice lower than others for satisfaction on consultations with GPs but were comparable for consultations with nurses.
- 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 when they were seen by the GPs, but less so when they were seen by the nursing team.
- Information for patients about the services available was accessible. Information about the availability of interpreting services and a hearing loop was on display.
- We saw staff treated patients with kindness and respect. However, a number of patients we spoke with told us that some reception staff had not always been helpful and caring.
- We saw that patients were offered support following bereavement.

## Are services responsive to people's needs?

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

**Requires improvement**



- There was significant, continued negative patient feedback in regard to problems with telephone access. The telephone system had been deemed inadequate to handle the number of calls although implementation of a new system was imminent.
- Patient feedback highlighted dissatisfaction with the appointment system. The provider told us that they planned to change this soon after the inspection.
- Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. However, the infrastructure (staff numbers and systems) was not in place to support it.

# Summary of findings

- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from the examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders. However, the practice staff told us that the volume of verbal complaints (for example, 38 complaints in the last six months on the NHS Choices website) in relation to the telephone access and appointment system had become too much to document.

## Are services well-led?

The practice is rated as good for being well-led.

Good



- Although the practice was experiencing ongoing problems with access by telephone and the appointment system, there a clear vision and strategy to make the required improvements and deliver high quality care and promote good outcomes for patients. The practice aims were developed to take into account the changes in practice following a recent change in partners and the changes with the primary care setting.
- There was a clear leadership structure and most staff felt supported by management.
- Improvements had been made to the practice policies and procedures to govern activity and the provider had introduced a structured plan for meetings.
- There were arrangements to monitor and improve quality and identify risk that could be further improved by having a list of all identified risks.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities, although priority needed to be given to ensuring all staff were up to date with their training.
- The provider was aware of the requirements of the duty of candour. In the example we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.

# Summary of findings

- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice had established a patient participation group since the December 2015 inspection.
- There was a focus on continuous learning and improvement at all levels. For example the practice revised its appointment system following the inspection and the receipt of an independent report on capacity.

# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people.

Good



- 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. 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.
- A Community Lead Practitioner employed by the practice coordinated the care for frail and elderly patients most of whom required care in their home.

### People with long term conditions

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

Good



- The provider had created a 'health hub' area to increase patient education and ongoing monitoring of blood pressure and body mass index (BMI).
- The overall performance for the 11 diabetes related indicators was similar to the Clinical Commissioning Group (CCG) and national averages, 86% compared to the CCG average of 88% and national average of 90%. One stop diabetic clinics were followed up by telephone support.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- There was a system to recall patients for a structured annual review to check their health and medicine needs were being met. The practice had a structured system for inviting patients for their review and coordinating those with more complex needs.
- For those patients with the most complex needs, the GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

# Summary of findings

## Families, children and young people

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

Good



- 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.
- Systems were in place to follow up children who did not attend out patients appointments.
- Immunisation rates were high for all standard childhood immunisations.
- Priority was given to children for same day or next day appointments.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives and health visitors to support this population group.
- The practice offered contraception services that included long-acting reversible contraception (LARC) clinics.
- Health trainer sessions for adults were hosted by the practice twice weekly. An eight week 'healthier eating for younger children' clinic had been hosted.

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

The practice is rated as good for the care of working age people (including those recently retired and students).

Good



- 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 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; online booking of appointments included GP and nurse appointments.
- The practice offered all patients aged 40 to 75 years old a health check with the nursing team.
- The practice website included extensive information and self-care advice.

## People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

# Summary of findings

- The practice had identified 66 patients on the learning disability register, who were invited to attend for an annual review that used a nationally recognised template and was completed with the support of a specialist learning disability nurse. A total of 10 of these patients had completed a health check since April 2017.
- The practice offered longer appointments for patients 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.
- 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 interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may 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.

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

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- The practice carried out advance care planning for patients living with dementia.
- Patients at risk of dementia were identified and offered an assessment. A total of 109 patients had been diagnosed with dementia. A total of 40 had their care reviewed in a face to face meeting since April 2017.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. Patients were invited for an annual review of their physical health needs and regular meetings with other healthcare professionals ensured care was coordinated.
- The percentage of patients experiencing specific mental health conditions with an agreed care plan documented in the preceding 12 months was 92% compared to the local CCG average of 91% and national average of 89%. However, 29% of patients had been exception reported compared to the CCG

Good



# Summary of findings

average of 15% and national average of 13% meaning fewer patients had been included. Data for 2017 showed that since April, of the 153 patients on the mental health register, 41 had been reviewed in a face to face meeting.

- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice proactively managed patients that presented to the emergency department with mental health conditions. When the practice received a notification from the emergency department, crisis team or mental health outreach team, the GPs followed up and reviewed the patient as appropriate. For example, the GP told us that some patients were called twice weekly to provide support.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing significantly below the local and national averages. A total of 277 survey forms were distributed and 108 were returned, a completion rate of 39% equivalent to 0.8% of the patient list.

- 59% of patients described the overall experience of this GP practice as good compared to the CCG average of 80% and the national average of 85%.
- 36% of patients described their experience of making an appointment as good compared to the CCG average of 66% and the national average of 73%.
- 30% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 72% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. No comment cards were received.

We spoke with 13 patients including a member of the patient participation group (PPG). Seven out of the 13 patients described to us the challenges around making appointments and six said that contacting the practice by telephone was a problem. Patients were generally satisfied with the quality of care provided by the clinicians. They told us they were satisfied with the care provided by the practice, once an appointment had been secured, and said their dignity and privacy was respected. However, four comments highlighted that reception staff were not always found to be helpful.

There had been a large number of reviews posted on the NHS Choices website. A total of 40 reviews had been posted in the last six months, 38 of which were negative with a common theme of problems with appointments and telephone access. In addition, five patients had contacted the CQC in the two months prior to the inspection with the same concerns.

## Areas for improvement

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

Importantly the provider must:

Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. In particular:

- The practice must respond to patient feedback that highlighted significant problems when trying to contact the practice by telephone.
- Ensure that the appointment system and the number of appointments available meets patient needs

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

Additionally there were areas of practice where the provider should make improvements.

The provider should:

- Review the system for managing alerts to monitor that agreed actions have been completed.
- Formalise and record clinical supervision which takes place between the nurse practitioner and GP.
- Implement a programme of quality improvement.
- Ensure patients records are updated when a repeat prescription for medication is stopped. Implement a formal system to monitor that clinical guidelines are followed.
- Ensure staff are up to date with their required training and have awareness of the named safeguarding lead within the practice.
- Document informal as well as formal complaints.

# Wellington Medical Practice

## Detailed findings

### Our inspection team

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

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a GP specialist adviser and a second CQC inspector.

## Background to Wellington Medical Practice

Wellington Medical Practice is registered with the Care Quality Commission (CQC) as a partnership provider in Telford, Shropshire.

The practice has a General Medical Services contract with NHS England to provide medical services to approximately 14,420 patients. It provides Directed Enhanced Services, such as childhood vaccinations and immunisations and minor surgery. The practice area is one of average deprivation overall when compared with the national and local Clinical Commissioning Group (CCG) area. However there are pockets of deprivation within the catchment area. The practice population has a slightly higher number of older patients; 11% are aged 65 or over (local average 7%, national average 8%).

The practice operates from shared premises in the centre of Wellington. The premises are shared with a pharmacy and members of the community team. The practice has a long-term lease with the owners of the property. The building is multi-storey with the practice using rooms on both the ground and first floors. The building has automated doors at pavement level, a lift for patients and staff to access the first floor, baby-changing and disabled facilities. There is a large car park adjacent to the building and good public transport links for patients.

The practice has three full time GP partners (all male), and two part-time GP partners (both female) working weekly sessions equal to 3.8 whole time equivalent hours (WTE). There is a full time nurse manager who is also an Advanced Nurse Practitioner (ANP), a second ANP (0.5 WTE) a full time community lead practitioner, three practice nurses (working equivalent of 1.9 WTE) and two healthcare assistants (1.8 WTE). They are supported by a business and information technology lead, a reception and administration lead (who started on the day we inspected) and a team of reception/administration staff. The practice is an accredited training centre for medical students and doctors and there is a placement nearing completion for a year three doctor.

The practice is open each week from 8.30am to 6pm. The practice does not offer extended hours at the site but patients can access extended hours appointments at other local practices through a collaborative working project to improve patient access, funded through the Prime Minister's GP Access Fund. Appointments can be made between 6pm and 8pm weekdays and weekends at a number of nearby practices. The practice does not provide an out-of-hours service to its own patients but has alternative arrangements for patients to be seen when the practice is closed through Shropshire Doctors Co-operative Limited (Shropdoc), a GP out-of-hours service provider.

We carried out an announced comprehensive inspection at Wellington Medical Practice on 8 December 2015. The overall rating for the practice was Requires Improvement, with the Safe and Well Led key questions being rated as Requires Improvement. The key questions of Effective, Caring and Responsive were rated as Good. We found two breaches of the legal requirements and as a result we issued two requirement notices in relation to:

# Detailed findings

- Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 – Good Governance.
- Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 – Fit and Proper Persons Employed.

The full comprehensive report on the 8 December 2015 can be found by selecting the 'all reports' link for Wellington Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## Why we carried out this inspection

We undertook a comprehensive inspection of Wellington Medical Practice on 8 December 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The overall rating for the practice was Requires Improvement, with the Safe and Well Led key questions being rated as Requires Improvement. The key questions of Effective, Caring and Responsive were rated as Good. We issued two requirement notices to the provider in respect of good governance and fit and proper persons employed.

We undertook a further announced comprehensive inspection of Wellington Medical Practice on 31 July 2017.

## How we carried out this inspection

Before visiting, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 31 July 2017. We also reviewed policies, procedures and other information the practice provided before the inspection day. During our visit we:

- Spoke with a range of staff including the GPs, the nurse manager, community lead practitioner, practice nurses, a healthcare assistant and members of the reception/administration staff.
- Spoke with patients who used the service, including a representative from the patient participation group.
- Reviewed online information where patients and members of the public shared their views and experiences of the service, and looked at survey information.
- Observed how patients were being cared for in the reception area.
- Reviewed a sample of the personal care or treatment records of patients.

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 8 December 2015, we rated the practice as requires improvement for providing safe services. This was because:

- Pre-employment checks had not been completed on all staff.
- Systems to monitor and improve the safety of the service did not minimise the risk to patients and staff.

We found that improvements had been made when we undertook a follow up comprehensive inspection on 31 July 2017. The practice is now rated as good for providing a safe service.

### Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would complete an incident recording form available on the practice's computer system and through an electronic portal on each computer. 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 60 significant events in 2016. From the sample of two documented examples we reviewed, 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, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events at quarterly meetings and had significant events as a standing agenda item at weekly partners and management meetings.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, as a result of complaints from patients who said they had not received a call back when the practice

had attempted to make contact, a pathway was implemented to automatically record call backs and highlight failed call backs (when there was no response from the patient).

We saw that the practice had a system for the management of medicines and equipment alerts issued by external agencies. The GP managing partner, GP clinical lead partner and the Business and Information Technology (IT) lead received medicine and safety alerts and disseminated these to relevant staff. The practice was able to evidence that they had acted upon two recent medicine alerts and carried out searches to identify any patients prescribed these medicines, so they could take appropriate action. There was evidence to support that alerts were discussed at clinical meetings but actions were not always recorded to provide an audit trail of action completed.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place 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. However not all staff were aware of the lead.
- The practice held registers for children at risk, and children with protection plans were identified on the electronic patient record. Regular meetings were held with the health visitors to discuss any child or families at risk.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. The GPs, Advanced Nurse Practitioners, Community Lead Practitioner (ANP) and practice nurses were trained to child safeguarding level three, and non-clinical staff trained to level one.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check.

## Are services safe?

(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).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place. The cleaning was outsourced to an external contractor who had won an internal award in 2017 for achieving the highest audit scores for internal inspections on the premises.
- The lead nurse was the infection prevention and control (IPC) clinical lead. There was an IPC protocol and staff received training. IPC audits were carried out quarterly and a review of the most recent audit showed that areas issues had been actioned.
- There were processes for handling repeat prescriptions which included the review of high risk medicines. We looked at examples of patients on high risk medicines and found ongoing monitoring was effective. We noted instances when the repeat prescription had not been removed after a patient stopped taking a particular medicine. The provider told us that this would be dealt with immediately.
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and improvements a system was in place to monitor their use.
- Three of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role. They told us the GPs reviewed a random sample of their consultations on a monthly basis and provided verbal feedback. However the feedback was not recorded.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- Patient Specific Directions were in place for the healthcare assistants to administer vaccinations.

We reviewed five personnel files and found 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.

### Monitoring risks to patients

- There was a health and safety policy available and a health and safety poster that named the responsible individuals.
- There was a contract in place with an external contractor for the maintenance of the buildings and equipment.
- The practice had an up to date fire risk assessment and appointed fire marshals. The practice carried out and reviewed fire evacuation drills every six months using an external contractor. Fire training was one of the mandatory requirements for all staff and we saw that training had been completed or had been planned.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a risk assessment and ongoing monitoring to minimise the risk of legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were various other risk assessments, for example; lone working and control of substances hazardous to health, but no documented list of all risks identified.
- The partners recognised the need to recruit additional clinical staff and told us they had experienced difficulties when trying to recruit, retain and replace GPs who had left their employment. The provider had engaged with the local practice improvement team to produce a report on the number of staff and mix of staff needed to meet patients' needs. The report was due after the inspection day. The partners had been successful in recruiting a full time Nurse Practitioner and a full time clinical pharmacist, both were due to commence employment in August 2017. In addition to the new clinical staff, the practice had recruited a part time patient engagement lead, two full time reception staff and an additional administration staff member.

### Arrangements to deal with emergencies and major incidents

## Are services safe?

The practice had 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.
- There was a system that used mobile messages to track the whereabouts of the community lead practitioner when out on home visits.
- All staff received basic life support training and 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.
- There was a first aid box and accident book available to all staff.
- A defibrillator was available on the premises and oxygen with adult and children's masks.
- The business continuity plan had been updated since the last inspection to reflect the changes in the organisational structure. The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and copies of the continuity plan were kept off site.

# Are services effective?

(for example, treatment is effective)

## Our findings

### 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.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- We saw that change to guidance was discussed at the clinical meetings.
- The practice had no formal system that monitored 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 most recent published results were 96% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 95%. The practice clinical exception rate of 17.7% was 6.2% above the CCG average and 7.9% above the national average. Clinical 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.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was similar to the CCG and national averages. For example, the percentage of patients on the diabetes register, in whom a specific blood test to get an overall picture of what a patients average blood sugar levels had been over a period of time was recorded as 75%, compared with the

CCG average of 75% and the national average of 78%. The practice exception reporting rate of 28% was higher than the local average of 19% and the national average of 13%.

- Performance for the percentage of patients with who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale (the degree of breathlessness related to five specific activities) in the preceding 12 months was 93%. This was comparable to the local CCG average of 93% and the England average of 90%. COPD is a chronic lung disease. The practice exception reporting rate of 25% was higher than the local and national averages, both 12%.
- Performance for mental health related indicators was above the local CCG and national averages. For example, the percentage of patients experiencing specific mental health conditions with an agreed care plan documented in the preceding 12 months was 92% compared to the local CCG average of 91% and national average of 89%. The practice clinical exception rate of 29% for this clinical area which was higher than the local CCG average of 15% and the England average of 13%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was below the local CCG average and England averages (72% compared with the CCG and national average of 84%). The practice clinical exception rate of 9% for this clinical area was comparable to the local CCG average of 12% and the national average of 7%.

There was a lack of evidence of quality improvement monitoring including clinical audit:

- There was no programme of quality improvement such as through regular clinical audits but we saw two clinical audits completed in the last 12 months. However, these were not always completed audits where the improvements made were implemented and monitored.
- Findings were seen to be used by the practice to improve efficiency but there was no direct link to improving services. For example, one audit, repeated monthly, looked at the efficiency of processing the correspondence received.

### Effective staffing

# Are services effective?

## (for example, treatment is effective)

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- 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.
- 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 attending update training.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support from colleagues and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- The clinical team had identified that the development of the practice nurse role would allow them to use their skills for the benefit of patients and to support the GP workload. The provider planned to upskill the nurses who had agreed to complete additional training to be able to deal with minor ailments.
- 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. There was a training matrix that provided visibility on training courses completed and planned.

### 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.
- 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 as required when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. We saw that the care of these patients was routinely discussed at clinical meetings.

### 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.
- 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 GPs assessed the patient's capacity and, recorded the outcome of the assessment.
- Written consent was obtained for certain procedures and completed examples of these were seen.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them 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 and or substance misuse.
- The practice worked with a healthy lifestyle advisor from the Healthy Lifestyle Hub, a locally commissioned service. The advisor worked with patients over six sessions to make changes to their lifestyle. The advisor visited the main practice site on a weekly basis.
- The practice created an area adjacent to the patient waiting room that was used to provide patient information and allow self-monitoring (blood pressure and body mass index).

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG and national average of 81%. (The practice exception reporting rate of

## Are services effective?

(for example, treatment is effective)

23% was above the local average and below the national average of 6.5% meaning fewer patients had been included). There was a policy to offer telephone and written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by following up any inadequate or abnormal test results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. Data from 2015/16 published by Public Health England showed that the number of patients who engaged with national screening programmes was comparable to the local and national averages. Follow up appointments were made for patients whose results had come back as abnormal or in need of repeat.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given to under two year olds were all above the national expected coverage of 90%, ranging from 93% to 94%. The uptake rates for vaccines given to five year olds were comparable to the national average and ranged from 92% to 95%.

Patients had access to appropriate health assessments and checks. 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

### 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 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.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

Patients said they felt the practice generally offered a good service once seen by a clinician. However, four patients said they found reception staff 'rude and unhelpful'.

We spoke with 13 patients including a member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that clinicians responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed the practice was below average for its satisfaction scores on consultations with GPs. For example:

- 78% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 76% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 86%.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average and national averages, both 95%.
- 69% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 86%.

However the practice was comparable to the CCG and national averages for its satisfaction scores on consultations with nurses. For example:

- 88% of patients said the nurse was good at listening to them compared to the CCG average of 92% and the national average of 91%.
- 85% of patients said the nurse gave them enough time compared to the CCG and national averages, both 92%.
- 96% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.
- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.

The practice was below average for its satisfaction scores on the reception staff. For example:

- 69% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

The practice told us that they planned to address these concerns following the recruitment of the patient engagement lead.

### 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 usually had sufficient time during consultations to make an informed decision about the choice of treatment available to them. However, one patient told us that they sometimes felt rushed during their appointment.

Results from the national GP patient survey showed how patients responded to questions about their involvement in planning and making decisions about their care and treatment. Results for GPs were comparable with local and national averages. For example:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG and national averages, both 86%.
- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.

However, the results for nursing staff were below the CCG and national averages. For example:

## Are services caring?

- 85% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG and the national averages, both 90%.
- 77% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national averages, both 85%.

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. We saw notices in the reception areas informing patients this service was available.
- 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 200 patients as carers (1.4% of the practice list). The practice had a carer's policy that promoted the care of patients who were carers whenever possible. Written information was available to direct carers to the various avenues of support available to them. The practice had a dedicated carers' noticeboard in the reception area and the Carers Newsletter produced by the local Carers Centre available. This newsletter provided useful information for carers.

Staff told us that if families had experienced bereavement, where appropriate, they were offered a patient consultation at a flexible time and location to meet the family's needs. The practice signposted patients to a bereavement care service (CRUSE).

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

There were systems in place to respond to patients' needs:

- Telephone consultations were available for all patients.
- There were longer appointments available for patients with a learning disability or patients who needed them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that required same day consultation. However, this access was seen to have been hindered; patients told us they had been unable to get through by telephone.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately with the exception of Yellow Fever.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- The practice proactively managed patients that presented to the emergency department with mental health conditions. When the practice received a notification from the emergency department, crisis team or mental health outreach team, the GPs followed up and reviewed the patient as appropriate.
- The patients had access to a counsellor working from the premises, enabling ease of access.

### Access to the service

The practice opened each week day from 8.30am to 6pm. The appointment system was a 'GP first' system where appointment requests were triaged by a GP over the telephone. The practice offered pre-bookable appointments with the Advanced Nurse Practitioners

(ANPs), practice nurses and the healthcare assistants as well as same day appointments with the GPs and ANPs. Pre-bookable appointments with the GPs were only offered at the discretion of a GP.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was significantly lower than the local and national averages.

- 56% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 73% and the national average of 76%.
- 13% of patients said they could get through easily to the practice by phone compared to the CCG average of 64% and the national average of 71%.
- 62% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 78% and the national average of 84%.
- 57% of patients said their last appointment was convenient compared with the CCG average of 76% and the national average of 81%.
- 36% of patients described their experience of making an appointment as good compared with the CCG average of 66% and the national average of 73%.
- 51% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 56% and the national average of 58%.

Seven out of the 13 patients described to us the challenges around making appointments and six said that contacting the practice by telephone was a problem. The provider was committed to a long term strategy that it believed would provide the solution. However, there was immediate difficulties with telephone access for patients where plans had been made but the implementation had been delayed:

- A new telephone system had been identified but the practice had been asked by the Clinical Commissioning Group (CCG) to delay the purchase in order to combine the contract with other local practices. The provider had added additional lines (from 15 to 21 lines) in February 2017 to the existing telephone system but the system was not stable and calls on hold were frequently cut off. Following the inspection we received evidence that instalment work for the new telephone system was scheduled to start on 8th August 2017.

# Are services responsive to people's needs?

## (for example, to feedback?)

- GP recruitment had not been successful and the provider had been unable to fully replace the hours provided by three salaried GPs who had all left the practice in 2017. In response, the provider had committed to following the NHS England five year forward view to recruit other healthcare professionals, for example, a clinical pharmacist had been recruited and was due to commence employment at the practice in August 2017. However, staff and patients we spoke with told us that they believed there to be a shortage of appointments.
- Although the number of lines had been increased there had not been an increase in the number of staff active on the telephone. However, the practice had recruited a patient engagement lead (due to start in August 2017), a reception and administration lead, and two additional reception staff (due to start in August 2017).
- In February 2017, the provider started to provide a quick access clinic (QAC). This facilitated same day consultations following GP telephone triage.

Some monitoring systems were in place that measured the impact of these new initiatives. For example; patient attendance at the walk in centres was reviewed by the practice on a monthly basis and in June 2017, the first year on year decline was recorded.

The practice had promoted and encouraged patients to sign up for the online services in order to relieve pressure on the telephone system. The practice told us that the number of patients registered to use the service had increased from 4.4% in June 2016 to 15.1% in April 2017.

The practice had a system to assess:

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

However, the systems relied on adequate telephone access. One patient told us that an admission to the accident and emergency department at the local hospital had resulted from difficulties when trying to contact the practice by telephone. All patients who requested a home visit were contacted by the GP. The GPs telephoned the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. Any urgent requests were transferred directly to the GPs by reception staff. 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.

During the inspection, there was no evidence that indicated sufficient appointments were available to meet the demand. However, the practice monitored the number of appointments available by healthcare professional and had engaged with the National Services for Health Improvement (NSHI) and a report on the capacity required was imminent. The provider contacted us within days of the inspection to advise that they planned to change their appointment system from 21 August 2017, replacing the 'doctor first' system with a system whereby patients could telephone or present in person to request a face to face appointment with the GP or alternative health professional. In addition, clinical sessions using locum GPs were planned to backfill until the recruitment of additional clinicians was completed. This recruitment included GPs.

### Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

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

We looked at a summary of complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and with openness and transparency. Lessons were learned from individual concerns and complaints and action was taken as a result to improve the quality of care. However, the provider acknowledged that the high volume of complaints from patients unhappy with the telephone access and appointment system made recording each verbal complaint too time consuming but we were told that action to address these issues was of the highest priority.

# Are services well-led?

Good 

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

## Our findings

At our previous inspection on 8 December 2015, we rated the practice as requires improvement for providing well-led services. This was because:

- Not all staff were aware of the practice's vision.
- Policies and procedures were not always dated when written or when last reviewed.
- Regular meetings held to discuss performance were not minuted.
- The practice did not proactively seek feedback from patients.

We found that improvements had been made when we undertook a follow up comprehensive inspection on 31 July 2017. The practice is now rated as good for providing a well led service.

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients using technology and patient education as in accordance with the NHS England.

- The GP described their plans for the future and areas for development, for example, developing a new staffing structure to meet current and future challenges. This new structure was close to full implementation at the time of our inspection.
- Most staff we spoke with said that they were aware of the vision and strategy and spoke positively about improvements seen since the new partners had been in post (November 2016). Some staff we spoke with said they would welcome full practice meetings to involve the wider practice team in the performance and future plans for the practice.

### Governance arrangements

There had been improvements in the governance processes within the practice. The practice had a governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- 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. The senior GP partner had the lead role for safeguarding and the Advanced Nurse Practitioner was the infection control lead.
- There was evidence to support significant events were being recorded and discussed. We saw evidence from minutes of meetings that action to be taken and lessons learned were shared with staff.
- Clinical and internal audit was used to monitor quality and to make improvements although there was no continuous audit programme in place.
- We saw that a system recorded and managed safety to patients and staff, for example; risk assessments included a fire risk assessment and infection control audits. However there was no comprehensive list of risks identified.
- An understanding of the performance of the practice was maintained. The practice had introduced a range of regular meetings which provided an opportunity for staff to learn about the performance of the practice. All meetings were minuted which enabled staff who were not in attendance to update themselves.
- Staff understood how to access specific policies and we saw these were available to all staff. These policies were dated and this included a scheduled date for review.

The practice had implemented a programme of regular meetings that included:

- Partners meetings held weekly.
- Management meetings held weekly.
- Treatment room meetings (nursing team and healthcare assistants) held weekly.
- Reception meetings held fortnightly.
- Child protection meetings held quarterly.
- Multidisciplinary team meetings combined with palliative care meetings held quarterly.
- Significant event meetings held quarterly.

Minutes were taken at these meetings to allow staff unable to attend to update themselves. Some of the staff we spoke with told us they would welcome full practice meetings.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the capacity to manage the practice. They highlighted that they represented a new regime that had only recently taken on the management of

# Are services well-led?

Good 

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

the practice. They told us of their difficulties in recruiting and retaining GPs, the 'doctor first' appointment system and the problems with telephone access which had been the focus of their plans. They showed us how they had restructured the staff team and procured a new telephony system to address these issues. Most staff told us they had started to see improvements and said 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 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). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the sample of two documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

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

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

At the last inspection, the practice did not have a patient participation group (PPG) and had not reviewed the results from the national GP survey of the Friends and Family Test. At this inspection we found that improvements had been made.

The practice valued feedback from patients and staff and was aware of the key issues that resulted in large volumes of patients who had expressed their dissatisfaction with the service. Since the December 2015 inspection, a patient participation group PPG had been established. The PPG had started to meet regularly and provided feedback to the

practice from comments they received from patients in the local community. We met with a member of the PPG who complimented the practice on the open communication and stated that they believed the practice was starting to show signs of improvement. Improvements had been made in response to requests from the PPG, for example;

- Signage had been improved around the surgery to assist patients.
- Screens had been removed to improve the access for patients with mobility aids.
- The seating area in reception had been moved to improve patient confidentiality.

Patient and staff feedback was also obtained through:

- The NHS Friends and Family test, complaints and compliments received.
- Staff through appraisals, staff meetings 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.

A message had been placed on the home page of the practice website to apologise and explain to patients for the on-going problems and to explain the plans made to address them.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice was looking to develop the skills of the nursing staff so they could see patients with minor ailments. The practice coordinated the quick access clinic with the management of long term conditions to minimise the number of attendances for patients at the practice. The practice was giving consideration to how it could offer extended hours appointments within the practice as well as addressing the current problems with telephone access and appointment availability.

## 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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to seek and act on feedback from patients on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. In particular;</p> <ul style="list-style-type: none"><li>• The practice did not respond to patient feedback that highlighted significant problems when trying to contact the practice by telephone.</li><li>• The appointment system and number of appointments available did not always meet patient needs.</li></ul>