Edlesborough Surgery

Quality Report

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

Ratings

Overall rating for this service	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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Edlesborough Surgery on 23 June 2016. Overall the practice is rated as requires improvement.

Specifically, we found the practice to require improvement for provision of safe, effective and well led services. It was good for providing caring and responsive services.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and the practice had investigated significant events and implementing change was clearly planned in some areas with the exception of those related to dispensing incidents. The practice had not always investigated the dispensing related incidents thoroughly and lessons learned were not always communicated widely enough to support improvement.
- The majority of information about safety was recorded, monitored and reviewed.
- Risks to patients and staff were assessed and well managed in some areas, with the exception of those relating to management of blank prescriptions, dispensing audits and rolling stock checks, emergency procedures to deal with emergencies and Disclosure and Barring Scheme (DBS) checks or risk assessment for non-clinical staff undertaking chaperoning duties.
- Data showed patient outcomes were mostly above the national average. However, the practice was required to improve outcomes for patients on the learning disabilities register, patients with dementia and patients experiencing poor mental health.
- We found that completed clinical audits cycles were driving positive outcomes for patients.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients we spoke to on the day of inspection informed us they were able to make an appointment with a named GP, with urgent appointments available the same day.
- Information about services and how to complain were available and easy to understand. However, information about a translation service was not displayed in the reception areas informing patients this service was available.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Anti-coagulation clinic (An anti-coagulant is a medicine that stops blood from clotting) was offered onsite, meaning 97 patients who required this service did not have to travel to local hospitals.
- 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 and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvements are:

- Review the process for investigating and implementing change following dispensing related incidents and establish a programme of systematic dispensing audits and rolling stock checks against defined criteria.
- Ensure there is a Disclosure and Barring Scheme (DBS) check based on a risk assessment for all non-clinical staff undertaking chaperoning duties.
- Review the management and security of blank prescription forms, to ensure this is in accordance with national guidance.
- Review protocols and risks associated with the current arrangements for emergency procedures to ensure staff could access these if required. Ensure there is a mercury spill kit in place.
- Review and improve the systems in place to effectively monitor and improve patient outcomes for patients on the learning disabilities register, patients with dementia, childhood immunisation rates for under two year olds and patients experiencing poor mental health.
- Further review, assess and monitor the governance arrangements in place to ensure the delivery of safe and effective services.

The areas where the provider should make improvements are:

- Consider installing a hearing induction loop at reception.
- Ensure all staff are aware that a translation service is available and information about a translation service is displayed in the reception areas.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services as there are areas where it must make improvements.

- Although some risks to patients who used services were assessed, the systems and processes to address these risks were not always implemented well enough to ensure patients were kept safe. For example, management of prescription forms and pads was not sufficient and Disclosure and Barring Scheme (DBS) checks or risk assessments were not carried out for non-clinical staff undertaking chaperoning duties.
- Staff understood and fulfilled their responsibilities to raise concerns, and the practice had investigated significant events and implementing change was clearly identified in some areas with the exception of those related to dispensing incidents.
- The practice had not undertaken regular dispensing audits and rolling stock checks, and dispensing related incidents were not always investigated thoroughly and communicated widely enough to ensure risks were managed appropriately.
- The practice did not have robust arrangements in place to respond to emergencies.
- The practice did not have a mercury spill kit in stock.
- There was a lead for safeguarding adults and child protection.
- There was an infection control protocol in place and infection control audits were undertaken regularly.
- Fridge temperatures were recorded daily.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services as there are areas where it must make improvements.

- The practice was required to review and improve the systems in place to effectively monitor care plans and health checks for patients with learning disabilities and patients experiencing poor mental health.
- For example, care plans and health checks were completed for five out of 15 patients on the learning disabilities register. The practice informed us they had registered to deliver this service in 2016-17. However, staff we spoke with on the day of inspection were not able to provide satisfactory evidence of systematic way of conducting annual reviews and care plans for patients with learning disability.

Summary of findings

- The practice had carried out health checks for 31 out of 43 patients experiencing poor mental health. The practice had completed care plans for 26 out of 43 patients experiencing poor mental health.
- Performance for dementia face to face review was below the CCG and national average in 2014-15. The practice had achieved 77% of the total number of points available, compared to 89% locally and 84% nationally in 2014-15. The practice informed us they had achieved 82% of the total number of points available in 2015-16. However, on the day of inspection we noticed the practice had completed 21 out of 34 care plans for patients with dementia.
- Childhood immunisation rates for the vaccines given in 2014/15 to under two year olds ranged from 83% to 92%, these were lower than the CCG averages which ranged from 93% to 96%.
- The practice's uptake of the national screening programme for cervical, bowel and breast cancer screening were above national average.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average for the local Clinical Commissioning Group (CCG) and compared to the national average.
- Staff assessed need and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data showed that patient outcomes were mixed compared to others in locality for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Summary of findings

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, anti-coagulation clinic (An anti-coagulant is a medicine that stops blood from clotting) was offered onsite, meaning 97 patients who required this service did not have to travel to local hospitals.
- The practice had good facilities and was well equipped to treat patients and meet their needs. However, the practice did not provide a hearing induction loop at the reception.
- The practice was offering a translation service. However, the reception staff we spoke with were not aware if a translation service was offered and we did not see notices in the reception areas informing patients this service was available.
- Results from the national GP patient survey showed that some patients said they were not able to always see or speak to their preferred GP when compared to the local and national averages. However, patients we spoke with on the day of inspection informed us they were able to make an appointment with a named GP when they needed them.
- We checked the online appointment records of three GPs and noticed that the next pre-bookable appointments with named GPs were available within two to three weeks.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for providing well-led services as there are areas where it must make improvements.

- There was a governance framework which supported the delivery of the strategy and good quality care. However, monitoring of specific areas required improvement, such as management of blank prescriptions, emergency procedures, dispensing audits and rolling stock checks, and thorough investigation of dispensing related incidents to ensure risks were managed appropriately.

Summary of findings

- The practice was required to review and improve the systems in place to effectively monitor patients with dementia, patients with learning disabilities, patients experiencing poor mental health and childhood immunisation rates for the vaccines given to under two years old.
- There was a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The practice was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.
- The practice proactively sought feedback from staff and patients, which it acted on. There was an active patient participation group.
- There was a focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

The practice is rated as requires improvement for the care of older patients. The provider was rated as requires improvement for safe, effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- It was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- There was a register to effectively support patients requiring end of life care.
- There were good working relationships with external services such as district nurses.
- The premises was accessible to those with limited mobility. However, the practice did not have an automatic door activation system at the front door used to enter the premises.
- During winter months the practice offered appointments during daylight hours to older patients on request.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of patients with long-term conditions. The provider was rated as requires improvement for safe, effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- There were clinical leads for chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All patients with long term conditions had a named GP and the practice carried out a structured annual review to check that their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young patients. The provider was rated as requires improvement for safe, effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high number of A&E attendances.
- Immunisation rates were below the CCG average for the vaccines given in 2014/15 to under two year olds. The practice informed us that lower childhood immunisation rates for the vaccines given to under two year olds were due to transient population of a traveller community. The practice was offering walk in immunisation clinics twice a week to provide flexibility for difficult to reach groups.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 87%, which was higher than the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.
- The practice had developed a health promotion and awareness leaflet in consultation with the patient participation group (PPG) and shared with local schools and parents.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working-age patients (including those recently retired and students). The provider was rated as requires improvement for safe, effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 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.

Summary of findings

- 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.
- Extended hours appointments were available at the main premises (Edlesborough Surgery) from 7am to 8am Monday to Friday and from 6.30pm to 8pm every Monday and Wednesday evening. In addition, the practice offered extended hours appointments at the branch premises (Pitstone Surgery) from 7am to 8am every Wednesday and Thursday morning and from 6.30pm to 8pm every Monday and Tuesday evening.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of patients whose circumstances may make them vulnerable. The provider was rated as requires improvement for safe, effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice held a register of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability.
- It offered annual health checks for patients with learning disabilities. Health checks and care plans were completed for only five out of 17 patients on the learning disability register.
- Longer appointments were offered to patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care of patients experiencing poor mental health (including people with dementia). The provider was rated as requires improvement for safe, effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Summary of findings

- Performance for dementia face to face review was below the CCG and national average in 2014-15. The practice had achieved 77% of the total number of points available, compared to 89% locally and 84% nationallyin 2014-15. The practice informed us they had achieved 82%of the total number of points available in 2015-16. However, on the day of inspection we noticed the practice had completed 21 out of 34 care plans for patients with dementia.
- 61% of patients experiencing poor mental health were involved in developing their care plan in last 12 months. Health checks were completed for 31 patients out of 43 patients experiencing poor mental health.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations.
- Systems were in place to follow up patients who had attended accident and emergency, when experiencing mental health difficulties.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016 showed the practice was performing better than the local and the national averages. Two hundred and thirty-three survey forms were distributed and 118 were returned (a response rate of 51%). This represented 1.6% of the practice's patient list.

- 89% of patients found it easy to get through to this practice by phone compared with a CCG average of 75% and a national average of 73%.
- 97% of patients were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 87% and a national average of 85%.
- 93% of patients described the overall experience of their GP practice as good compared with a CCG average of 86% and a national average of 85%.
- 89% of patients said they would definitely or probably recommend their GP practice to someone who has just moved to the local area compared with a CCG average of 78% and a 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 14 comment cards which were mostly positive about the standard of care received. We spoke with 10 patients and two patient participation group (PPG) members during the inspection. Patients we spoke with and comments we received were mostly positive about the care and treatment offered by the GPs and nurses at the practice, which met their needs. They said staff treated them with dignity and their privacy was respected. They also said they always had enough time to discuss their medical concerns. One patient CQC comment card raised concerns regarding the inconvenience caused due to the practice closing time from 12pm to 2pm every day.

Areas for improvement

Action the service MUST take to improve

- Review the process for investigating and implementing change following dispensing related incidents and establish a programme of systematic dispensing audits and rolling stock checks against defined criteria.
- Ensure there is a Disclosure and Barring Scheme (DBS) check based on a risk assessment for all non-clinical staff undertaking chaperoning duties.
- Review the management and security of blank prescription forms, to ensure this is in accordance with national guidance.
- Review protocols and risks associated with the current arrangements for emergency procedures to ensure staff could access these if required. Ensure there is a mercury spill kit in place.
- Review and improve the systems in place to effectively monitor and improve patient outcomes for patients on the learning disabilities register, patients with dementia, childhood immunisation rates for under two year olds and patients experiencing poor mental health.
- Further review, assess and monitor the governance arrangements in place to ensure the delivery of safe and effective services.

Action the service SHOULD take to improve

- Consider installing a hearing induction loop at reception.
- Ensure all staff are aware that a translation service is available and information about a translation service is displayed in the reception areas.

Edlesborough Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a practice nurse specialist adviser and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of service.

Background to Edlesborough Surgery

The Edlesborough Surgery is located in the village of Edlesborough. The practice is located in a purpose built premises with car parking for patients and staff. Premises are accessible for patients and visitors who have difficulty managing steps. All patient services are offered on the ground and first floors. The practice comprises of six consulting rooms, one treatment room, three patient waiting areas, a reception area, a dispensary, administrative and management office.

The practice has core opening hours from 8am to 6pm Monday to Friday with the exception of every Thursday (closed at 12pm). The practice is closed from 12pm to 2pm Monday to Friday. However, one of the practice GPs is available on call from 12pm to 2pm and 6pm to 6.30pm Monday to Friday and on Thursday from 12pm to 6.30pm (this out of hours service is managed internally by the practice by using their internal emergency on call protocol). The branch practice (Pitstone Surgery) is open on Thursday afternoon. The practice has offered range of scheduled appointments to patients every weekday from 8am to 5.45pm including open access appointments with a duty GP throughout the day. Extended hours appointments are available at the main premises (Edlesborough Surgery) from 7am to 8am Monday to Friday and from 6.30pm to 8pm every Monday and Wednesday evening. In addition, the practice has offered extended hours appointments at the branch premises (Pitstone Surgery) from 7am to 8am every Wednesday and Thursday morning and from 6.30pm to 8pm every Monday and Tuesday evening.

The practice had a patient population of approximately 7,600 registered patients. The practice population of patients aged between 0 to 4, 20 to 39 and aged above 80 years old are lower than national average and there are a higher number of patients aged between 10 to 14 years and 40 to 74 years old compared to national average.

Ethnicity based on demographics collected in the 2011 census shows the patients population is predominantly White British and 2.5% of the population is composed of patients with an Asian or mixed background. The practice is located in a part of Dunstable with the lowest levels of income deprivation in the area.

There are two GP partners, three salaried GPs and a trainee GP at the practice. Two GPs are male and four female. The clinical manager (a nurse prescriber) is supported by a team of two nurse practitioners, a nurse prescriber, a practice nurse, two phlebotomist and a health care assistant. The dispensary lead is supported by a team of six dispensers. The practice manager is supported by a team of administrative and reception staff. Services are provided via a General Medical Services (GMS) contract (GMS contracts are negotiated nationally between GP representatives and the NHS).

This is a training practice, doctor who is training to be qualified as a GP has access to a senior GP throughout the day for support. GP Registrars are qualified doctors who

undertake additional training to gain experience and higher qualifications in general practice and family medicine. We received positive feedback from the trainee GP we spoke with.

Services are provided from following two locations and patients can attend any of the two practice locations. The practice offers dispensing services from both locations. We visited Edlesborough Surgery and Pitstone Surgery during this inspection.

Edlesborough Surgery

11 Cow Lane

Edlesborough

LU6 2HT

Pitstone Surgery

The Village Health Centre

Yardley Avenue

Pitstone

LU7 9BE

The practice has opted out of providing out of hours services to their patients. There are arrangements in place for services to be provided when the surgery is closed and these are displayed at the practice, in the practice information leaflet and on the patient website. Out of hours services are provided during protected learning time by Bucks Urgent Care out of hours service or after 6:30pm, weekends and bank holidays by calling NHS 111.

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, (Regulated Activities) Regulations 2014, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Prior to the inspection we contacted the Aylesbury Vale Clinical Commissioning Group (CCG), NHS England area team and local Healthwatch to seek their feedback about the service provided by Edlesborough Surgery. We also spent time reviewing information that we hold about this practice including the data provided by the practice in advance of the inspection.

The inspection team carried out an announced visit on 23 June 2016. During our visit we:

- Spoke with 10 staff and 10 patients who used the service.
- Collected written feedback from nine staff.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of patients and what good care looks 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).

Detailed findings

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.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events, however improvements were required.

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We reviewed records of 12 significant events and incidents that had occurred during the last year. There was evidence that the practice had learned from significant events and implementing change was clearly planned in some areas with the exception of those related to dispensing incidents. The practice had not always investigated the dispensing related incidents thoroughly and lessons learned were not always communicated widely enough to support improvement. For example, an incident regarding wrong prescription dispensed to the patient was not reported to the clinical manager and not investigated as a significant event. There was a risk that staff would not be able to identify action required from these events to improve safety.
- We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Significant events were a standing item on the practice meeting agenda.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, however improvements were required.

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and 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. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. For example, GPs were trained to Safeguarding Children level three, nurses were trained to Safeguarding Children level two and both GPs and nurses had completed adult safeguarding training.
- A notice was displayed in the waiting room and consulting rooms, advising patients that staff would act as a chaperone, if required. All staff who acted as a chaperone were trained for the role but non-clinical staff had not received a Disclosure and Barring Service (DBS) checks. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice had not undertaken a risk assessment for the non-clinical staff undertaking chaperoning duties to determine whether a DBS check was required to ensure risks were managed appropriately.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. A clinical manager was the infection control 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 all staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- We checked medicines kept in the treatment rooms, medicine refrigerators and found they were stored securely (including obtaining, prescribing, recording, handling, storing and security). Processes were in place to check medicines were within their expiry date and suitable for use. Regular medicine audits were carried out to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Patient Group Directions (PGDs) had been adopted by the practice. Patient Specific Directions (PSDs) had not been adopted by the practice because the practice nurse practitioners and nurse prescribers were administering medicines in line with legislation for specific clinical conditions. They received mentorship and support from the medical staff for this extended role.
- There was a policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. Records showed fridge temperature checks were carried out daily.

Requires improvement

Are services safe?

- All prescriptions were reviewed and signed by a GP or a nurse prescriber before they were given to the patient. Blank prescription forms for use in printers and handwritten pads were not handled in accordance with national guidance as these were not tracked through the practice and not kept securely at all times. On the day of inspection we found blank prescription printer forms were stored in unlocked printers in unlocked consulting rooms and these were not locked away at night from the printers. However, tamper proof stickers were used to seal unlocked printers.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded but not always investigated thoroughly and implementing change was not clearly defined or planned. The practice had not have an effective system in place to monitor the quality of the dispensing process. The practice had not undertaken regular dispensing audits and rolling stock checks. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- Recruitment checks were carried out and the four staff files we reviewed showed that appropriate checks had been undertaken prior to employment with the exception of Disclosure and Barring Service (DBS) checks for the non-clinical staff undertaking chaperoning duties. For example, proof of identification, references, qualifications and registration with the appropriate professional body.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had an up to date fire risk assessment in place and they were carrying out fire safety checks. This included carrying out regular fire drills smoke alarm checks.
- All electrical and clinical equipment was checked to ensure it was safe. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (a bacterium which can contaminate water systems in buildings).
- Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. The practice manager showed us records to demonstrate that actual staffing levels and skill mix met planned staffing requirements.
- We noted the practice had two medical devices containing mercury in the premises. However, the practice had not have a mercury spill kit in stock.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents, however improvements were required.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult mask. A first aid kit and accident book were 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 fit for use.
- We noticed that emergency medicines and equipment were not available on the first floor. The oxygen cylinder and emergency trolley from ground floor would need to be carried upstairs in an emergency potentially putting patients at risk in emergency situation. The oxygen cylinder was very heavy (without push trolley) and there was no lift in the premises.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice 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 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). In 2014-15, the practice had achieved 99% of the total number of points available, compared to 97% locally and 95% nationally, with 9% exception reporting. The level of exception reporting was higher than the CCG average (8%) and comparable to the national average (9%). Exception reporting is the percentage of patients who would normally be monitored but had been exempted from the measures. These patients are excluded from the QOF percentages as they have either declined to participate in a review, or there are specific clinical reasons why they cannot be included.

Data from 2014-15 showed;

- Performance for diabetes related indicators was better than the CCG and national average. The practice had achieved 100% of the total number of points available, compared to 92% locally and 89% nationally.
- The percentage of patients with hypertension having regular blood pressure tests was better than the CCG and national average. The practice had achieved 87% of the total number of points available, compared to 83% locally and 84% nationally.
- Performance for mental health related indicators was better than the CCG and national average. The practice had achieved 100% of the total number of points available, compared to 97% locally and 93% nationally.
- The practice had carried out health checks for 31 out of 43 patients experiencing poor mental health. The practice had completed care plans for 26 out of 43 patients experiencing poor mental health.
- Performance for dementia face to face review was below the CCG and national average in 2014-15. The practice had achieved 77% of the total number of points available, compared to 89% locally and 84% nationallyin 2014-15. The practice informed us they had achieved 82%of the total number of points available in 2015-16. However, on the day of inspection we noticed the practice had completed 21 out of 34 care plans for patients with dementia.
- The practice had carried out health checks for five out of 15 patients with learning disabilities. The practice had completed care plans for five out of 15 patients on the learning disability register. The practice informed us they had registered to deliver this service in 2016-17. However, staff we spoke with on the day of inspection were not able to provide satisfactory evidence of systematic way of conducting annual reviews and care plans for patients with learning disability.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved in improving care and treatment and patient outcomes.

- The practice had carried out number of repeated clinical audits cycles. We checked eight clinical audits including three repeated clinical audits completed in the last two years, where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking and accreditation.
- Findings were used by the practice to improve services. For example, we saw evidence of minor surgeries audit cycle. The aim of the audit was to monitor the rate of success of minor surgeries performed on patients. The first audit demonstrated that 4% patients developed an infection after minor surgeries performed at the practice. The practice reviewed their protocol and implemented changes. We saw evidence that the practice had carried out follow up audit which

demonstrated high success rate with very low risk of infections of minor surgeries performed at the practice and found 0.36% patients had developed an infection after minor surgeries.

Effective staffing

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

- The practice had a staff handbook for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during one-to-one meetings, appraisals, coaching, mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding children and adults, fire safety, basic life support, health and safety and equality and diversity. Staff had access to and made use of e-learning training modules and in-house training.

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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice had identified 115 patients who were deemed at risk of admissions and 100% of these patients had care plans been created to reduce the risk of these patients needing admission to hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

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 patients, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The provider informed us that verbal consent was taken from patients for routine examinations and minor procedures and recorded in electronic records. The provider informed us that written consent forms were completed for more complex procedures.
- All clinical staff demonstrated a clear understanding of the Gillick competency test. (These are used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions).

Supporting patients to live healthier lives

Patients who may be in need of extra support were identified by the practice.

- These included patients receiving end of life care, carers, those at risk of developing a long-term condition and those wishing to stop smoking. Patients were signposted to the relevant external services where necessary such as local carer support group.
- The practice was offering opportunistic smoking cessation advice and patients were signposted to a local support group. For example, information from Public Health England showed 77% of patients (15+ years old) who were recorded as current smokers had been offered smoking cessation support and treatment in last

Requires improvement

Are services effective?

(for example, treatment is effective)

24 months in 2014-15. This was below to the CCG average (85%) and to the national average (86%). The practice informed us they had achieved 88%of the total number of points available in 2015-16.

The practice's uptake for the cervical screening programme was 87%, which was above the national average of 82%. There was a policy to offer text message reminders for patients about appointments. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. In total 65% of patients eligible had undertaken bowel cancer screening and 76% of patients eligible had been screened for breast cancer, compared to the national averages of 58% and 72% respectively.

Childhood immunisation rates for the vaccines given were mixed to the CCG averages. For example:

- Childhood immunisation rates for the vaccines given in 2014/15 to under two year olds ranged from 83% to 92%, these were lower than the CCG averages which ranged from 93% to 96%.
- Childhood immunisation rates for vaccines given in 2014/15 to five year olds ranged from 81% to 98%, these were higher than the CCG averages which ranged from 78% to 96%.

The practice informed us that lower childhood immunisation rates for the vaccines given to under two year olds were due to transient population of a traveller community. The practice was offering walk in immunisation clinics twice a week to provide flexibility for difficult to reach groups. The practice was working closely with health visitors to engage with traveller community and offering eight week baby checks to enable one-stop-clinic.

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 on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Most of the 14 patient CQC comment cards we received were positive about the service experienced. One patient CQC comment card raised concerns regarding the inconvenience caused due to the practice closing time from 12pm to 2pm every day. The majority of patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above or comparable the CCG average and the national average for most of its satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients said the GP gave them enough time compared to the CCG average of 88% and national average of 87%.
- 93% of patients said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.

The two PPG members and 10 patients we spoke to on the day informed us that they were satisfied with both clinical and non-clinical staff at the practice.

We saw friends and family test (FFT) results for last seven months and 95% patients were likely or extremely likely recommending this practice.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were comparable to the CCG average and the national average. For example:

- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 82%.
- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 86% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 90%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 85%.

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

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

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of 132 patients (1.73% of the practice patient population list size) who were carers and they were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them. The practice website also offered additional services including counselling. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to patient's' needs and had systems in place to maintain the level of service provided. The demands of the practice population were understood and systems were in place to address identified needs in the way services were delivered. Many services were provided from the practice including diabetic clinics, mother and baby clinics and a family planning clinic. The practice worked closely with health visitors to ensure that patients with babies and young families had good access to care and support. 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. For example;

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day and urgent access appointments were available for children and those with serious medical conditions.
- The practice had installed a touch screen check-in facility to reduce the queue at the reception desk.
- Patients were able to receive travel vaccinations and pre-university immunisations.
- There were disabled facilities, a low level desk at the front reception and baby changing facilities available. However, the practice did not provide a hearing induction loop and the front door used to enter the practice did not have an automatic door activation system.
- On the day of inspection the reception staff we spoke with were not aware if a translation service was available and offered by the practice. We did not see notices in the reception areas informing patients this service was available. However, the practice manager informed us a translation service was available for patients who did not have English as a first language.
- Patient's individual needs and preferences were central to the planning and delivery of tailored services. Services were flexible, provided choice and ensured continuity of care, for example, telephone consultations were available for patients that chose to use this service.
- Anti-coagulation clinic (An anti-coagulant is a medicine that stops blood from clotting) was offered onsite, meaning 97 patients who required this service did not have to travel to local hospitals.
- The practice website was well designed, clear and simple to use featuring regularly updated information. The website also allowed registered patients to book online appointments and request repeat prescriptions.
- The practice was forward thinking and launched a web page on popular social media website to communicate with patients. A GP partner was promoting health awareness issues on a weekly basis on the social media web page.
- The practice was offering minor surgery clinics at the premises and carried out 120 minor surgery procedures in the last three months.
- The practice was bidding to secure a funding to develop a purpose built room at the branch location (Pitstone Surgery). The practice was aiming to offer minor surgery procedures to local population which should reduce burden on secondary care.
- The practice offered expert audiology (hearing aid) services to patients at the branch location (Pitstone Surgery) through external organisation. This enhanced service was commissioned by the CCG.
- The practice worked closely with local community and offered use of defibrillator at the branch location (Pitstone Surgery).
- The practice offered inhouse phlebotomy (the practice of drawing blood from patients and taking specimens to the laboratory to prepare for testing) and ECG (an electrocardiogram is a simple test that can be used to check heart's rhythm and electrical activity) service.

Access to the service

The practice was open from 8am to 6pm Monday to Friday with the exception of every Thursday (closed at 12pm). The practice was closed from 12pm to 2pm Monday to Friday. However, one of the practice GPs was available on call from 12pm to 2pm and 6pm to 6.30pm Monday to Friday and on Thursday from 12pm to 6.30pm (this out of hours service was managed internally by the practice by using their internal emergency on call protocol). The branch practice (Pitstone Surgery) was open on Thursday afternoon. The practice was closed on bank and public holidays and patients were advised to call NHS111 for assistance during this time (this out of hours service was managed by Bucks Urgent Care out of hours).

Good

Are services responsive to people's needs?

(for example, to feedback?)

The practice offered range of scheduled appointments to patients every weekday from 8am to 5.45pm including open access appointments with a duty GP throughout the day. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them. The practice opened for extended hours appointments at the main premises (Edlesborough Surgery) from 7am to 8am Monday to Friday and from 6.30pm to 8pm every Monday and Wednesday evening. In addition, the practice offered extended hours appointments at the branch premises (Pitstone Surgery) from 7am to 8am every Wednesday and Thursday morning and from 6.30pm to 8pm every Monday and Tuesday evening.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were comparable to the CCG average and the national average. For example:

- 89% of patients said they could get through easily to the practice by phone compared to the CCG average of 75% and national average of 73%.
- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and national average of 75%.
- 56% of patients said they always or almost always see or speak to their preferred GP compared to the CCG average of 57% and national average of 59%.

The practice was aware of national GP survey results and they had taken steps to address the issues. For example;

- The practice had introduced an online appointment system and pre-bookable GP appointments were available to book online.
- The practice had reviewed the appointment booking system and telephone consultation appointments with GPs had been introduced as a result.
- The practice offered extended hours appointments. We saw these extended hours appointments were advertised on the practice website and was displayed in the waiting area.
- The two PPG members and 10 patients we spoke with on the day informed us they were satisfied with appointment booking system and were able to get appointments with their preferred GP when they needed them.
- We checked the online appointment records of three GPs and noticed that the next pre-bookable appointments with named GPs were available within two to three weeks and with a duty GP within one week. Urgent appointments with GPs or nurses were available the same day.

The practice had a system in place to assess:

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

The practice operated a triage system for urgent on the day appointments. Patients were offered an urgent appointment, telephone consultation or a home visit where appropriate. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- The 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. The complaints procedure was available from reception, detailed in the patient leaflet and on the patient website. Staff we spoke with were aware of their role in supporting patients to raise concerns. Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at three complaints received in the last 12 months and found that all written complaints had been addressed in a timely manner. When an apology was required this had been issued to the patient and the practice had been open in offering complainants the opportunity to meet with either the manager or one of the GPs. We saw the practice had always included necessary information of the complainant's right to escalate the

Good

Are services responsive to people's needs?

(for example, to feedback?)

complaint to the Ombudsman if dissatisfied with the response. The Ombudsman details were included in complaints policy, on the practice website and a practice leaflet.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

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 clear vision to deliver high quality patient centred care and promote good outcomes for patients.

- The practice had a mission statement which included to provide high quality, caring, forward thinking and professional service.
- We found details of the aims and objectives were part of the practice's strategy and growth audit. The practice aims and objectives included to deliver excellent personalised care and provide a working environment in which all members of the team were encouraged to achieve their maximum potential, in order to provide high quality health care.
- The practice had a robust strategy and supporting strategic business plan (growth audit) which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. However, governance monitoring of specific areas required improvement, for example:

- Patient monitoring and quality outcomes were not monitored effectively. For example, The practice had not always completed care plans and carried out health checks for patients with learning disabilities and patients experiencing poor mental health.
- Childhood immunisation rates for the vaccines given to under two year olds and performance for dementia face to face reviews were below the CCG averages.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, monitoring of specific areas such as emergency procedures and tracking and security of blank prescription forms and pads were not always managed appropriately.
- The practice had not always undertaken Disclosure and Barring Scheme (DBS) checks or risk assessment of all non-clinical staff undertaking chaperoning duties.
- The practice had not undertaken regular dispensing audits and rolling stock checks, and dispensing related incidents were not always investigated thoroughly and communicated widely enough to ensure risks were managed appropriately.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- Staff had a comprehensive understanding of the performance of the practice.
- Clinical audits were undertaken and we saw three completed audit cycles, which were used to monitor quality and to make improvements.

All staff we spoke with had a comprehensive understanding of the governance arrangements and performance of the practice.

Leadership and culture

The partners and GPs in the practice prioritised safe, high quality and compassionate care. They were visible in the practice and staff told us that they were approachable and always took time to listen to all members of staff. Staff told us there was an open and relaxed atmosphere in the practice and there were opportunities for staff to meet for discussion or to seek support and advice from colleagues. Staff said they felt respected, valued and supported, particularly by the partners and management in the practice.

The practice was aware of and complied with the requirements of the Duty of Candour. The GPs encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were significant safety incidents:

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

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

- Staff told us that the practice held regular team meetings.

Are services well-led?

Requires improvement

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

- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. The practice organised monthly lunch and learn meetings for all staff.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys including friends and family tests and complaints received. There was an active PPG which met on a regular basis, supported patient surveys and submitted proposals for improvements to the practice management team. For example, the practice appointment system had been reviewed, letters and leaflets were developed in patient's friendly format and improvements to the practice website were made following feedback from the PPG.
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. We saw that appraisals were completed in the last year for staff. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

- There was a strong focus on continuous learning and improvement at all levels within the practice. For example, we saw nurses were allowed to attend regular training sessions organised by CCG.
- The practice had supported three practice nurses (including a community nurse) to complete nurse prescriber qualification through regular mentoring sessions.
- We saw nurses were supported to attend further training in minor illness, care planning and smoking cessation courses.
- A GP partner was in the process of completing a postgraduate certificate in clinical education by the end of this year and planning to undertake additional duties as a GP trainer.
- A GP partner had completed a diploma in dermatology (Dermatology is the branch of medicine dealing with the skin, nails, hair and its diseases).
- The practice had employed a part time human resources consultant to get the best out of appraisal process.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: We found the registered person did not have suitable arrangements in place for assessing and managing risks in order to protect the welfare and safety of service users and others who may be at risk from the carrying on of the regulated activity. Review the process for investigating and implementing change following dispensing related incidents and establish a programme of systematic dispensing audits and rolling stock checks against defined criteria. Review the management and security of blank prescription forms, to ensure this is in accordance with national guidance. Review protocols and risks associated with the current arrangements for emergency procedures to ensure staff could access these if required. Ensure there is a mercury spill kit in place. Review and improve the systems in place to effectively monitor and improve patient outcomes for patients on the learning disabilities register, patients with dementia, childhood immunisation rates for under two year olds and patients experiencing poor mental health. Regulation 12(1)(2)(a)(b)(g)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: We found the registered person did not have effective governance, assurance and auditing processes to assess,

This section is primarily information for the provider

Requirement notices

review and improve the systems in place to effectively monitor patients with dementia, patients with learning disabilities, patients experiencing poor mental health and childhood immunisation rates for the vaccines given to under two years old.

We found the registered person did not operate effective governance and monitoring system to assess and mitigate the risks relating to emergency procedures, management of blank prescription forms and pads, Disclosure and Barring Scheme (DBS) checks, dispensing audits and rolling stock checks and dispensing related incidents .

Further review, assess and monitor the governance arrangements in place to ensure the delivery of safe and effective services.

Regulation 17(1)(2)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed How the regulation was not being met: Ensure to carry out Disclosure and Barring Scheme (DBS) check or risk assessment for all non-clinical staff undertaking chaperoning duties. Regulation 19(1)(a)