Ailsworth Medical Centre

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	Inadequate
Are services safe?	Inadequate
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Inadequate

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Ailsworth Medical Centre on 15 June 2015. Overall the practice is rated as inadequate.

Specifically, we found the practice to be inadequate for providing safe and well led services. We found that the practice required improvement for effective and responsive services. The practice was good for providing caring services. It was overall, inadequate for providing services for older people, people with long-term conditions, families children and young people, working age people (including those recently retired) and people experiencing poor mental health (including people with dementia).

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded and reviewed although this was not always in depth so that learning could be maximised.
- Risks associated with the safe running of the service were not always assessed or well managed such as infection prevention and control measures and health and safety risks.
- Data showed patient outcomes were average for the locality. Few audits had been carried out and we saw no evidence that audits were driving improvement in performance to improve patient outcomes.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available but required a review so that patients were enabled to raise concerns or complaints in any format.
- Urgent appointments were usually available on the day they were requested. Most patients said that they had access to an appointment when they needed one.

Summary of findings

- The practice had some policies and procedures to govern activity, but some of these did not contain key information to guide staff and required a review. The practice did not have an established process to communicate and review governance issues to ensure that actions were continually reviewed.
- The practice sought feedback from a patient participation group. Other methods of seeking feedback from staff and patients could be improved.

The areas where the provider must make improvements are:

- Improve the arrangements for the security and storage of blank prescription forms.
- Improve the safety of medicines by; completing a risk assessment for the security of medicines, introducing a policy to ensure medicines are stored at the required temperature and introducing formal checks on the management of high risk medicines.
- Ensure the recruitment process follows the policy and that the appropriate records are maintained for all staff.
- Review the systems in place for assessing the risk of, and preventing, detecting and controlling the spread of infections.
- Ensure that staff receive appropriate training and a performance appraisal so that they can carry out the duties they are employed to perform.
- Ensure there are effective systems or processes in place to access, monitor and improve the quality and safety of the services provided. This should include reviewing formal governance arrangements, policies and procedures, systems for information governance, equipment checks and health and safety risk management.

In addition the provider should:

- Ensure there is a clinical audit plan in place that includes completed clinical audit cycles.
- Ensure that new clinical practice guidelines are routinely discussed in practice meetings.
- Ensure that records of multidisciplinary working are completed. Records of significant events and complaints should provide sufficient detail to ensure that learning is maximised and actions are completed.
- Review the staffing skill mix to ensure that suitably qualified and skilled staff are available to meet patients' needs.
- Review the toilet facilities to ensure they are accessible for patients with a disability
- Ensure staff are confident in using the electronic alerts to identify patients with particular needs such as a disability.
- Inform patients and visitor to the practice that CCTV cameras are in operation.
- Improve the complaints process so that verbal concerns and complaints are monitored and any actions taken as a result of the complaint are followed up. Ensure that patients are aware that they can raise concerns and complaints in any format.

On the basis of the ratings given to this practice at this inspection (and the concerns identified at the previous inspection in September 2014), I am placing the provider into special measures. This will be for a period of six months. We will inspect the practice again in six months to consider whether sufficient improvements have been made. If we find that the provider is still providing inadequate care we will take steps to cancel its registration with CQC.

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?

Inadequate

The practice is rated as inadequate for providing safe services and improvement must be made. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong, reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement. Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example the procedures for the management and prevention of infection control were not clear, some equipment was not fit for safe use, the recruitment policy was not followed.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing safe services as there are areas where it should make improvements. Data showed patient outcomes were at average levels for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence although new guidelines were not routinely discussed in staff meetings. The needs of patients were assessed and care was planned and delivered in line with current legislation. Staff had not always received training appropriate to their roles. Appraisals had not been completed so that personal development plans could be agreed. There was no evidence of completed clinical audit cycles or that audit was driving improvement in performance to improve patient outcomes. Multidisciplinary working was taking place but record keeping was limited.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others 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.

Are services responsive to people's needs?

Requires improvement

The practice is rated as requires improvement for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical

Summary of findings

Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. Information to inform patients that they could be seen at any of the three practices run by the provider was not on the practice website. Overall the practice had good facilities and was equipped to treat patients and meet their needs. Information about how to complain was available although this needed to be reviewed to make it clearer for patients. Records of learning from complaints should be improved so that actions can be followed up.

Are services well-led?

Inadequate

The practice is rated as inadequate for being well-led. It had identified a clear vision and values for the service that staff were aware of. However there was no evidence that staff were involved in developing future plans for the service. The leadership structure was not clear and the roles were not always defined or embedded within the practice. Staff told us they felt supported by management. The practice had a number of policies and procedures to govern activity, but some of them did not contain current information for staff reference. Other policies were not in place such as management of legionella. Governance issues were part of monthly staff meetings but the records and meeting structure required improvement so that agenda items were consistent and actions from the previous meetings were reviewed. We found that a number of improvement actions made as a result of the last CQC inspection had not been fully completed. The practice sought feedback from patients through an active patient participation group (PPG) although further opportunities to seek patient feedback had not been used. Evidence of staff induction was very limited and staff had not received performance reviews.

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

Inadequate

Although the practice is rated as good for providing caring services, they are rated as inadequate for safe and well- led services and requires improvement for effective and responsive services. The concerns which led to these ratings apply to all population groups including this one.

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, offered home visits to frail patients and urgent appointments for those with complex needs. .All patients aged over 75 had a named GP. Patients with complex needs were reviewed monthly by a multidisciplinary team.

People with long term conditions

Inadequate

Although the practice is rated as good for providing caring services, they are rated as inadequate for safe and well- led services and requires improvement for effective and responsive services. The concerns which led to these ratings apply to all population groups including this one.

The practice maintained a register of patients with long term conditions so that patients could be monitored and reviewed regularly. Data showed that the practice achieved quality outcomes for patients with long term conditions in line with national averages. The practice staff had access to specialist nurses for conditions such as diabetes for advice and additional patient support. Patients who required on-going support or who had unstable long term conditions had a care plan in place to help prevent any unplanned admissions to hospital. Practice nurses took opportunities to promote healthy living such as dietary advice and supported people to manage their own conditions to promote their health.

Families, children and young people

Inadequate

Although the practice is rated as good for providing caring services, they are rated as inadequate for safe and well- led services and requires improvement for effective and responsive services. The concerns which led to these ratings apply to all population groups including this one.

Immunisation rates were equal to national averages for all standard childhood immunisations. The practice offered appointments

Summary of findings

outside of school hours through the triage system and the use of extended hours. Appointments for children were prioritised and same day appointments made available if needed. A health visitor ran a monthly drop in clinic for pre-school children. Weight checks were provided along with advice and support. The premises were suitable for children and babies.

Working age people (including those recently retired and students)

Inadequate

Although the practice is rated as good for providing caring services, they are rated as inadequate for safe and well- led services and requires improvement for effective and responsive services. The concerns which led to these ratings apply to all population groups including this one.

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 help meet these needs. For example late evening appointments were available one day a week. A telephone triage system also allowed some flexibility for working patients and appointments could be arranged to suit the patient. The practice also offered online appointment bookings and prescription requests. Health screening and advice was provided and this included health checks for patients aged over 40, smoking cessation and counselling services.

People whose circumstances may make them vulnerable

Inadequate

Although the practice is rated as good for providing caring services, they are rated as inadequate for safe and well- led services and requires improvement for effective and responsive services. The concerns which led to these ratings apply to all population groups including this one.

The practice held a register of patients living in vulnerable circumstances such as those with a learning disability or frail patient living alone. Annual health checks had been offered to people with a learning disability and the practice had 80% response rate. The practice worked with a dedicated multidisciplinary co-ordinator to assist them to support vulnerable patients who have had unplanned admission to hospital to help prevent similar occurrences. Information to signpost vulnerable patients to access support groups and voluntary organisations was readily available. Staff knew how to recognise signs of abuse in vulnerable adults and were aware of their responsibilities to share information with external agencies. Admission avoidance care plans were in place for patients with complex needs and may require access to health care more urgently.

Summary of findings

People experiencing poor mental health (including people with dementia)

Inadequate 

Although the practice is rated as good for providing caring services, they are rated as inadequate for safe and well- led services and requires improvement for effective and responsive services. The concerns which led to these ratings apply to all population groups including this one.

Annual physical health checks were offered to patients with long term mental health needs. The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. A range of information with patients experiencing poor mental health on how to access support groups and voluntary organisations such as MIND was available in the practice. Patients could also access counselling or support from advisory services. Patients who require urgent assessment and support are prioritised and seen the same day if required.

Summary of findings

What people who use the service say

We received 36 completed CQC comments cards which gave very positive feedback about the service. Patients described the service they received as excellent and told us staff were professional, helpful and caring. They said staff treated them with dignity and respect and took time to listen to them.

Three patients commented that they had some difficulty getting an appointment although one patient had been offered an appointment at one of the alternative practice locations.

We also spoke with four patients on the day of our inspection who confirmed they had positive experience of the care and support offered by the practice.

Areas for improvement

Action the service MUST take to improve

- Improve the arrangements for the security and storage of blank prescription forms.
- Improve the safety of medicines by; completing a risk assessment for the security of medicines, introducing a policy to ensure medicines are stored at the required temperature and introducing formal checks on the management of high risk medicines.
- Ensure the recruitment process follows the policy and that the appropriate records are maintained for all staff.
- Review the systems in place for assessing the risk of, and preventing, detecting and controlling the spread of infections.
- Ensure that staff receive appropriate training and a performance appraisal so that they can carry out the duties they are employed to perform.
- Ensure there are effective systems or processes in place to access, monitor and improve the quality and safety of the services provided. This should include reviewing formal governance arrangements, policies and procedures, systems for information governance, equipment checks and health and safety risk management.

Action the service SHOULD take to improve

- Ensure there is a clinical audit plan in place that includes completed clinical audit cycles.
- Ensure that new clinical practice guidelines are routinely discussed in practice meetings.
- Ensure that records of multidisciplinary working are completed. Records of significant events and complaints should provide sufficient detail to ensure that learning is maximised and actions are completed.
- Review the staffing skill mix to ensure that suitably qualified and skilled staff are available to meet patients' needs.
- Ensure staff are confident in using the electronic alerts to identify patients with particular needs such as a disability.
- Inform patients and visitor to the practice that CCTV cameras are in operation.
- Improve the complaints process so that verbal concerns and complaints are monitored. Ensure patients are aware that they can raise concerns and complaints in any format.

Ailsworth Medical Centre

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 CQC medicines management inspector, a GP specialist advisor and a specialist practice management advisor.

Background to Ailsworth Medical Centre

Ailsworth Medical Centre can be found at 32 Main Street, Ailsworth, Peterborough, PE5 7AF. It has approximately 2300 registered patients and provides general medical services to people who live in Peterborough or the surrounding villages. It is a family run service with two GP partners and two salaried GPs of which, two are male and two are female GPs. They are supported by two practice nurses, a phlebotomist and a small administrative team. The practice also runs a small dispensary to supply prescribed medicines to some registered patients.

Ailsworth Medical Centre opens from 9am to 1pm every morning, and from 3.30pm until 6.30 pm Monday, Tuesday, Thursday and Friday. Extended hours appointments are available until 7.40pm on Mondays.

A branch surgery is based at Gunton's Road, Newborough, Peterborough PE6 7QW. This was also visited as part of the inspection. It opens 9am until12.30 pm daily and 3.30pm until 6.30 pm on Thursdays.

Most staff employed at the practice work on a part-time basis at either location and also at another location in Peterborough which is registered separately with CQC. The practice confirmed that patients can be seen at any of the three practices.

The practice has opted out of providing out-of-hours services to their own patients. However patients can dial 111 to access support from a local out of hour's service.

This was the second inspection of this service since it was registered. The previous CQC inspection took place on 8 September. We found the practice were not meeting five essential standards and asked them to take action. The report can be located at www.cqc.org.uk.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was also planned to follow up on actions we asked the practice to take following an inspection in September 2014. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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.

Detailed findings

How we carried out this inspection

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

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

We also looked at how well services are provided for specific groups of people 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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 June 2015. During our visit we spoke with a range of staff which included; GPs, practice nurses, reception staff, administrative staff, dispensary staff and the practice manager. We also spoke with patients who used the service and observed how people were being cared for.
We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Inadequate

Are services safe?

Our findings

Safe track record

The practice could demonstrate that they had implemented a system to monitor clinical events, safety issues and safety alerts within the last year although there had been only five incidents reported.

The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. Minutes of the practice meeting held in April 2015 showed that recent significant events had been discussed with staff.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. Staff used incident forms on the practice intranet and sent completed forms to the practice manager. We reviewed records of two significant events that had occurred during the last nine months and saw this system was followed appropriately. There was some evidence that the practice had learned from these and that the findings were shared with relevant staff at practice meetings. However, records of the actions taken were brief and did not provide sufficient detail to ensure that learning was maximised and actions were followed up.

National patient safety alerts were disseminated by email to practice staff by a designated member of the team. GPs we spoke with were able to give examples of recent alerts that were relevant to the care they were responsible for.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that some staff had received relevant role specific training on safeguarding. Records showed that three administrative staff and a GP (on long term leave) did not have training in safeguarding children or adults. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information about safeguarding concerns.

We reviewed the policies for child protection and vulnerable adults. We found the child protection policy was dated August 2014 and contained relevant information about how to contact the local authority. It also referred to Peterborough PCT, an organisation that is no longer in existence.

The vulnerable adult's policy was also dated August 2014. We found it did not contain details about local contact numbers for reporting concerns about safeguarding vulnerable adults. The practice took swift action and has updated this information for staff reference. The revised policy was sent to us following the inspection.

The safeguarding lead at the practice was a practice nurse who was covering the role for a GP on maternity leave. They had been trained in both adult and child safeguarding but were not available to meet with us on the day of the inspection. A member of staff was unclear on who was leading on safeguarding issues but said they would report any concerns to their line manager in the first instance.

There was a chaperone policy in place. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. The nurses acted as chaperones on a routine basis. Reception staff acted as a chaperone only if nursing staff were not available. We found the receptionists had not received training to do this role. The practice manager told us they had sourced some training although it had not been booked. They also told us these members of staff would not act in the role until training had been completed. We were informed that all staff who undertook chaperone duties had received 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).

Staff told us that vulnerable patients at risk of hospital admission were identified on the records system so that staff were aware plans were in place to help avoid hospital admission. They were not familiar with alerts used on the system to identify other vulnerable patients such as young people who were looked after so that staff knew how to respond appropriately.

Medicines management

We checked medicines stored in the dispensary, treatment rooms and medicine refrigerators. Medicines were not stored securely and we were not assured that they were only accessible to authorised members of staff. There was

no policy for ensuring that medicines were kept at the required temperatures, or describing the action to take in the event of a potential failure. Records showed room temperature and fridge temperature checks were carried out. At the branch surgery these checks were carried out twice weekly but as there was no record of maximum or minimum temperatures we could not be sure that medicines had been kept at the required temperature in between checks.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates; however some injection equipment and an oxygen cylinder were out of date. Staff told us these would be replaced. Expired and unwanted medicines were disposed of in line with waste regulations.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were not handled in accordance with national guidance and were not kept securely at all times. We could not be assured that if prescriptions were lost or stolen this could be promptly identified and investigated.

We saw records of practice meetings that noted the actions taken in response to a review of prescribing data. For example, patterns of antibiotic, hypnotics and sedatives and anti-psychotic prescribing within the practice.

We checked whether there was a system in place for the management of high risk medicines such as warfarin, methotrexate and other disease modifying medicines, which included regular monitoring in accordance with national guidance. The practice did not complete any formal checks but did conduct checks as part of individual patients' medication reviews. They agreed to review their policy and practice.

The nurses used Patient Group Directions (PGDs) to administer vaccines and other medicines that had been produced in line with legal requirements and national guidance. We saw sets of PGDs that were within their review date and had been signed by the nurses who used them. We saw evidence that nurses had received appropriate training and been assessed as competent to administer the medicines referred to either under a PGD or in accordance with a Patient Specific Direction (PSD) from the prescriber.

The practice had appropriate written procedures in place for the production of prescriptions and dispensing of medicines that were regularly reviewed and accurately reflected current practice. The practice was signed up to the Dispensing Services Quality Scheme to help ensure processes were suitable and the quality of the service was maintained. Dispensing staff had all completed appropriate training and had their competency annually reviewed.

Cleanliness and infection control

When we inspected the premises in September 2014 we found there were no procedures in place to check that infection control practice and the standard of cleanliness was maintained in line with national guidelines.

During this inspection, we observed the premises to be visibly clean and tidy. Cleaning schedules were maintained by the external cleaning contractor and spot checks of the quality of cleaning were recorded. A daily checklist had been implemented by the nurses that included cleaning checks in the treatment rooms. However, this had only been started the week before the inspection so there was no historical evidence to show that checks were established.

Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

It was unclear within the practice who had the lead for infection prevention and control (IPC). This indicated that leadership responsibility had not been established to ensure that current guidelines were being followed. Some staff had received infection control training (this included the cleaning staff) but at the time of the inspection, records showed that five staff had not been trained. This included three administrative staff and two GPs (one of whom is on long term leave).

An infection control audit had been completed in September 2014 prior to the last inspection. We asked to see the actions that had been taken. The evidence showed the audit findings were only reviewed 9 June 2015.

An infection control policy was in place and was available for staff reference. This included for example, the use of personal protective equipment and reusable medical instruments. The policy did not refer to current practice guidelines such as National Patient Safety Association

(NPSA) guidelines or The Health Act Code of Practice (2008). However a separate policy was provided by the practice that replicated the summary of the 10 criterion of the Health Act Code of Practice but there was no interpretation of what this meant for the practice.

Notices about hand hygiene techniques were displayed in staff and patient toilets. There was no foot operated waste bin in the patient toilet which did not comply with current guidelines. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

The practice had not undertaken a risk assessment for legionella (a bacterium which can contaminate water systems in buildings). They told us it was common practice for them to run the taps regularly but this was not recorded anywhere and there was no policy in place to show how the risks were managed.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date which was February 2015. We saw evidence of calibration of relevant equipment; for example weighing scales, blood pressure measuring devices and the fridge thermometer.

The practice did not keep their own equipment log to track when items of equipment were due to be checked. Arrangements were in place with an external organisation who contacted the practice when equipment was due to be serviced.

We found that some needles and syringes at both practice locations had passed their expiry dates. We asked staff to remove them and replace with new items.

Staffing and recruitment

When we visited the practice in September 2014 recruitment procedures were not adequate to ensure that recruitment checks were completed for all staff. The practice told us they would put this right by February 2015.

A recruitment policy and interview guidelines had been put into place. One new employee had been recruited since September 2014. We reviewed the personnel file and found the practice had not followed the recruitment policy. There were no records of the interview process and no photographic identification. References were not held on file but were available electronically. In addition we saw no evidence they had received an induction process. A disclosure and barring service check (DBS) was held on file but it had been completed by another employer eight months before the member of staff commenced their post at the practice.

We checked five other staff personnel files. These demonstrated an improved level of evidence since the last inspection such as training certificates. Two members of staff had a disclosure and barring check held on file that been completed by another employer before the member of staff commenced their post at the practice. One was dated eight months prior to employment and the other was dated 18 months prior to their employment at the practice. This demonstrated the practice had not completed a check to assure them that the member of staff did not have a criminal record.

We found the practice had a low turnover of staff. The practice did not use locum GPs as staff covered for each other during planned and unplanned leave. Staff covered three practices run by the provider at different locations. (one of which is registered separately with CQC.) This included the practice manager who worked two days per week.

During the week of the inspection we found there was limited nursing cover because one of the two nurses employed had planned annual leave. Staff told us they usually employed cover but the nurse they usually used was unavailable. This meant there was a reduced capacity for nurse appointments on a temporary basis.

We asked the practice manager if there were enough staff employed to cover three practices. They told us they probably needed more administrative cover but a formal staffing and skill mix review had not been completed.

Monitoring safety and responding to risk

The practice had made some improvements to the systems used to manage and monitor risks to patients, staff and visitors to the practice although further improvement was required.

Inadequate

Are services safe?

The practice had a reliable and effective system in place to follow up any patients who had been seen by the out of hours medical team. This ensured they received follow up by their GP in a timely way.

All newly registered patients were offered a health check with the practice nurse. Patients on medication or who had health risks identified were booked in with a GP for a medical assessment.

The practice had improved their risk management processes for managing and accessing safety alert information. The process was consistent and the relevant information was shared in a timely manner. Systematic searches were also completed for any medicine alerts so that changes to patients' medication could be made if appropriate.

Health and safety information was displayed for staff to see and there was an identified health and safety representative.

We saw evidence that confidential paper records were shredded and appropriate waste collections, including clinical waste, were in place. However clinical and hazardous waste was not stored safely, We found the external clinical waste store was unlocked and the bin inside it was also unlocked.

We noted the practice had installed closed circuit television cameras (CCTV) around the waiting room, the office areas and outside the nurses' room. The practice manager said the tapes were recorded over on a monthly cycle. There were no notices to inform patients about the security cameras.

We asked to see how any identified risks (such as planned staffing changes or other service risks)were monitored and found there was no formal process in place to identify and manage risks. The manager had devised a spread sheet for his own use but this did not demonstrate that risks were identified, actioned and reviewed in a timely way.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Staff had received training in basic life support and were familiar with the location of emergency equipment. Emergency equipment was available at both the Ailsworth and Newborough practices. This included access to oxygen and an automated external defibrillator (AED) used in cardiac emergencies. Staff had completed weekly checks of the AED. However, at the Newborough practice we found that both oxygen cylinders had expired even though staff had completed a monthly check. Emergency medicines were available but the anaphylaxis shock pack contained needles and syringes which had expired the date for safe use. (Anaphylaxis is a sudden allergic reaction that can result in rapid collapse and death if not treated).

When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.

We asked to see the business continuity plan. The plan covered a range of emergencies that may impact on the daily operation of the practice and the actions that staff should take. It included for example, flooding, loss of telephone lines and loss of staffing capacity. There were no listed supplier or staff contact details to be used in an emergency situation.

In September 2014 we found the practice did not have robust procedures in place to manage the risk of fire. An external advisor had been consulted in January 2015 to assess the premises and recommendations had been made. We were concerned to find the action plan had not been completed and the staff could not evidence that all of the recommendations had been considered. The provider took action and arranged for a gas safety engineer to service the heating system that day. The action plan was updated to reflect this and sent to us the following day.

Reception staff were able to talk us through the evacuation process although there was no fire evacuation procedure displayed for staff, patients and visitors. Staff had not received instruction in the use of fire safety equipment for at least two years although they had completed fire safety training through e-learning.

After the inspection we referred the practice and our findings to the Fire and Rescue Service. They have visited, found that fire safety risks were low and made further recommendations for the practice.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with outlined their rationale for their approaches to treatment. They accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners and were familiar with using them.

The practice staff told us that NICE guidance was distributed to the clinical team electronically. However, new guidelines were not routinely discussed in practice meetings. This was a missed opportunity to review the practice's performance and agree any required actions.

Staff described how they carried out comprehensive assessments which covered patients' health needs in line with current guidelines. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective. For example, patients with long term conditions received regular health checks and were being referred to other services when required. Feedback from patients confirmed they were referred to other services or hospital when required.

Clinical staff we spoke with were open about asking for and providing colleagues with advice and support. This enabled the clinical team to review and discuss best practice guidelines so that patients received optimum care. Our review of the clinical meeting minutes confirmed that this happened.

The practice used computerised tools to identify patients who were at high risk of admission to hospital and those with complex needs. These patients were reviewed regularly to ensure multidisciplinary care plans were documented in their records and their needs were being met. This helped to reduce the need for them to go into hospital. We saw that after patients were discharged from hospital, they were followed up by their GP to ensure that all their needs were continuing to be met.

Discrimination was avoided when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patients' age, gender, race and culture as appropriate.

Management, monitoring and improving outcomes for people

During the CQC inspection in September 2014, we found the practice did not have a clinical audit plan and had not completed any two cycle audits. We spoke with three GPs at the practice about their involvement with clinical audits. We found the practice had completed a few one cycle clinical audits and the pharmacy technician had completed one two cycle antibiotic audit. However, there had not been any progress in developing a full clinical audit programme since the last inspection.

The practice participated in the quality and outcomes framework (QOF). QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures.

This practice was not an outlier for any QOF (or other national) clinical targets. It achieved 93% of the total QOF target in 2013/2014. Specific examples to demonstrate this included:

- Performance for diabetes related indicators was similar to the national average.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average
- Performance for mental health related QOF indicators was similar to the national average.

The clinical leads at the practice monitored performance against QOF targets and if these were not in line with national or CCG figures, we saw that the concerns were raised at practice meetings.

The practice's prescribing rates were also similar to national figures. There was a protocol for repeat prescribing which followed national guidance. This required staff to regularly check patients receiving repeat prescriptions had been reviewed by the GP. They also checked all routine health checks were completed for long-term conditions such as diabetes and that the latest prescribing guidance was being used. The IT system flagged up relevant medicines alerts when the GP was prescribing medicines. We saw evidence that after receiving an alert, the GPs had reviewed the use of the medicine in question and, where they continued to prescribe it, outlined the reason why they decided this was necessary.

Requires improvement

Are services effective?

(for example, treatment is effective)

The practice had made use of the gold standards framework for end of life care. It had a palliative care register and had regular internal as well as multidisciplinary meetings to discuss the care and support needs of patients and their families.

The practice also kept a register of patients identified as being at high risk of admission to hospital and of those in vulnerable groups such as patients with a learning disability. Structured annual reviews were also undertaken for people with long term conditions (such as diabetes, heart failure and chronic obstructive pulmonary disease COPD). COPD is the name for a collection of lung diseases, including chronic bronchitis and emphysema. Typical symptoms are increasing shortness of breath, persistent cough and frequent chest infections.

Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. In September 2014, we found that staff training was not up to date and there was no system in place to monitor mandatory training. We reviewed staff training records to see if there had been an improvement. We saw that significant progress had been made to ensure staff were up to date with their training and a system was in place. However we found that staff had not received training in the Mental Capacity Act 2005, reception staff had not received chaperone training in preparation for the role and there were gaps in other training such as infection control and safeguarding.

All GPs were up to date with their yearly continuing professional development requirements and all either have been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

Other staff we spoke with told us it had been more than a year since their last appraisal. The practice manager confirmed that dates for all of the annual appraisals for staff were scheduled over the next three months. In September 2014 we found that records of appraisals had been limited and appraisals were overdue. Therefore there had been no improved progress on the completion of staff appraisals.

Our interviews with staff confirmed that the practice supported their training needs and funded further development if this was of benefit to the practice. For example a practice nurse had attended an update on immunisation and travel vaccines.

Out of six staff files we reviewed, four staff had job descriptions but the practice nurse and GP did not have a job description held on their file for reference.

Working with colleagues and other services

The practice worked with other service providers to meet patient's needs and manage those of patients with complex needs. It received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. We were told that out-of hour's reports, 111 reports and pathology results were all seen and actioned by a GP on the day they were received. We saw evidence to support this.

Discharge summaries and letters from outpatients were usually seen and actioned on the day of receipt and all within five days of receipt. The GP who saw these documents and results was responsible for the action required. All staff we spoke with understood their roles and felt the system in place worked well. There were no instances identified within the last year of any results or discharge summaries that were not followed up.

Emergency hospital admission rates for the practice were similar to expected average rates. For example emergency admissions for patients on the cancer register.

The practice held multidisciplinary team meetings each month to discuss patients with complex needs. For example, those with multiple long term conditions, mental health problems and those with end of life care needs. These meetings were attended by district nurses, social workers, palliative care nurses and decisions about care planning were documented directly into the care records. Staff felt this system worked well. Care plans were in place for patients with complex needs and shared with other health and social care workers as appropriate.

The practice held separate meetings each month that followed the gold standards framework for palliative care patients. Minutes we saw showed that some meetings had been missed due to reduced availability of staff. Where they had taken place, actions were clearly identified.

Requires improvement

Are services effective?

(for example, treatment is effective)

Information sharing

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner. We saw evidence there was a system for sharing appropriate information for patients with complex needs with the ambulance and out-of-hours services.

For patients who were referred to hospital in an emergency there was a policy of providing a printed copy of a summary record for the patient to take with them to Accident and Emergency. The practice had recently started to use the electronic Summary Care Record system. Summary Care Records provide faster access to key clinical information for healthcare staff treating patients in an emergency or out of normal hours.

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record to coordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference. No audits had been carried out to assess the completeness of these records.

Consent to care and treatment

We found that staff were aware of the Children Acts 1989 and 2004 and their duties in fulfilling it. All the clinical staff we spoke with understood the key parts of the legislation and how this related to their practice. They were also familiar with Gillick competence principles. Gillick tests are used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions. However we also found that reception staff were not familiar with the principles of Gillick which could be useful knowledge when dealing with appointment requests.

When interviewed a member of staff was able to discuss an example of how a patient's best interests were taken into account because the patient did not have capacity to make a decision.

A clinical member of staff we spoke with was not familiar with the Mental Capacity Act 2005 and had not received any training.

There was a practice policy for documenting consent for specific interventions. For example, for all minor surgical procedures, a patient's written consent was documented in the electronic patient notes with a record of the discussion about the relevant risks, benefits and possible complications of the procedure. Other procedures were discussed with the patients and their verbal consent was recorded in their records.

Health promotion and prevention

It was practice policy to offer a health check with the practice nurse to all new patients registering with the practice. The GP was informed of all health concerns detected and these were followed up in a timely way. We noted a culture among the GPs to use their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, by offering smoking cessation advice to smokers.

The practice also offered NHS Health Checks to all its patients aged 40 to 75 years. Practice data showed that 93 patients in this age group took up the offer of the health check. This was against a target set for the practice of 86 patients. There was a process for following up patients if they had risk factors for disease identified at the health check.

The practice's performance for the cervical screening programme was similar to the national average rate. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel cancer and breast cancer screening.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Last year's performance was above average for the majority of immunisations where comparative data was available. For example:

- Flu vaccination rates for the over 65s were 77.3% which was slightly higher than national averages at 73.2%.
- The practice achieved high childhood immunisation rates with only 6% of the target being missed.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey in January 2015. The evidence showed the practice was rated as above average for the following:

- 82% of respondents usually waited 15 minutes or less after their appointment time to be seen compared to the CCG average of 66% and national average of 65%.
- 97% said the last nurse they saw or spoke to was good at giving them enough time compared to the CCG average of 93% and national average of 92%
- 71% with a preferred GP usually get to see or speak to that GP compared to the CCG average of 62% and the national average of 60%

The practice had not completed a patient survey for at least the last two years. This decision was taken because the practice felt they had an active patient participation group (PPG) who were able to represent the views of its' patients. A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care.

Patients completed CQC comment cards to tell us what they thought about the practice. We received 36 completed cards which gave very positive feedback about the service. Patients said they felt the practice offered an excellent service and staff were professional, helpful and caring. They said staff treated them with dignity and respect and took time to listen to them. Three patients said they had some difficulty getting an appointment although one of these said that appointments were offered either at the branch surgery or the provider's other registered practice.

We also spoke with four patients on the day of our inspection. They told us they were satisfied with the care provided by the practice and they were treated with courtesy, dignity and respect.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Disposable curtains or mobile privacy screens were provided in consulting and treatment rooms so that patients' privacy and dignity was maintained during examinations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' personal information. Patients' calls to the practice were taken in the administration office or at the reception desk if necessary. Staff were conscious of keeping conversations private as far as possible although it was rare that patients queued at reception for very long. 91% of patients who completed the national GP patient survey found the receptionists at this practice helpful. This compared to the CCG average of 88% and national average of 87%.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients responses about their involvement in planning and making decisions about their care and treatment were similar to national averages. For example:

- 85% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 87%.
- 81% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 81%.

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

Staff told us that translation services were available if required. However they had very few patients who did not have English as a first language.

Patient/carer support to cope emotionally with care and treatment

The patient survey information we reviewed showed patients were positive about the emotional support provided by the practice. For example:

Good

Are services caring?

- 83% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 94% 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 90%.

The patients we spoke with on the day of our inspection and the comment cards we received were also consistent with this survey information. For example, these highlighted that staff responded compassionately when they needed help and provided support when required.

Notices in the patient waiting room, on the TV screen and patient website also 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 and staff sign posted them to support groups such as the Carer's Trust and Age UK. We saw that written information was available for patients and carers to ensure they understood the various avenues of support available to them. For example there was information about a local friendship group for patients aged over 75 who lived alone. We saw that a counselling service was also available to patients on the day of the inspection.

Staff told us that if families had suffered bereavement, their usual GP made contact with them. We were unable to confirm this with any patients we spoke with.

Requires improvement

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 patients' needs and had systems in place to maintain the level of service provided. The needs of the practice population were clearly understood and staff knew many patients and their families well due to the small size of the practice population.

The NHS England Area Team and Clinical Commissioning Group (CCG) told us that the practice engaged regularly with them and other practices to discuss local needs and service improvements that needed to be prioritised. One of the GP partners told us a partner attended local meetings although we did not see evidence of this at the time of the inspection.

The practice were part of a local 'hub' with other practices who were planning to improve access and increase availability of appointments seven days a week within the area.

The practice had also implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from the patient participation group (PPG). For example a new telephone system was introduced with dedicated numbers for professionals and for vulnerable patients.

Tackling inequity and promoting equality

The practice recognised the needs of individual patients and tried to offer flexibility such as longer appointment times for patients with learning disabilities. If they were unable to provide an appointment at the patient's preferred practice location, they offered them an alternative at one of the two other practices. A patient told us staff would arrange transport for patients if they had particular difficulties travelling to another practice for example, frail and elderly patients.

The majority of the practice population were English speaking patients but access to online and telephone translation services were available if they were needed. Staff were aware of when a patient may require an advocate to support them and there was information on advocacy services available for patients.

The premises were on one level and could be accessed by patients with mobility difficulties. Baby changing facilities and an accessible toilet for patients with a disability were available. There was a large waiting area with plenty of space for wheelchairs and prams. There was also a hearing loop system in place.

Staff told us that they did not have any patients who were of no fixed abode but would see someone if they came to the practice asking to be seen and would register the patient so they could access services. A member of staff told us there was a system for identifying vulnerability in individual patient records. However when we asked them to demonstrate how this worked on the computer system they were unable to do so.

There were male and female GPs in the practice; therefore patients could choose to see a male or female doctor.

The practice provided equality and diversity training through e-learning. Records demonstrated that nine staff had completed this since September 2014. There were three clinical and one administrator who had not yet completed the training.

There was an active patient participation group (PPG) based at the practice and a separate group for the practice at Newborough. PPGs are a group of patients registered with a practice who work with them to improve services and the quality of care. We spoke with four members of these groups during our visit and found that members were active in promoting the services provided at the practice within their local community. They told us the GPs were very receptive to their views which were collected informally or at the meetings. Meetings were held approximately monthly and were attended by the practice manager and administrator. They provided us with some examples of change that had improved services for patients such as reviewing the triage system at the Newborough practice to improve access to this.

Access to the service

The practice was open from 9 am to 1pm each week day although the on call practice doctor was available by phone from 8am to triage calls from patients and arrange face to face consultations as necessary. The practice reopened from 3.30pm to 6pm Monday, Tuesday, Thursday and Friday. Extended hours appointments were available until 7.40pm on Mondays. The practice at Newborough was open 9am -12.30 pm daily, and 3.30-6.30

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

pm on Thursdays for appointments. Patients could be seen at either practice location and also at the Parnwell practice registered separately with CQC. This information was not made clear on the practice website.

Basic information was available to patients about appointments on the practice website. However, this did not include how to arrange urgent appointments and home visits. Appointments could be booked through the website if a patient had made arrangements to do this.

There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

We looked at the appointments booking system and found there was adequate capacity to meet patients' requests. There was a mix of pre-bookable and on the day appointments. Most patients were able to see their preferred GP within 48 hours. The GPs provided telephone triage and arranged face to face appointments if required. We observed staff answering telephone calls and saw that patient requests for urgent appointments were arranged.

Longer appointments were also available for older patients, those experiencing poor mental health, patients with learning disabilities and those with long-term conditions. This also included appointments with a named GP or nurse. Home visits were made to patients who lived in a local care home upon request or to patients who were house bound.

The patient survey information we reviewed showed patients responded positively to questions about access to appointments and generally rated the practice well in these areas. For example:

- 84% described their experience of making an appointment as good compared to the CCG average of 77% and national average of 73%.
- 89% said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 65% and national average of 65%.
- 81% said they could get through easily to the surgery by phone compared to the CCG average of 76% and national average of 73%.

However the following area scored less favourably;

- 67% were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.

Patients we spoke with were generally satisfied with the appointments system and said it was easy to use. They confirmed that they could see a doctor on the same day if they felt their need was urgent. Routine appointments were available for booking eight weeks in advance. One patient registered at the Newborough practice told us that access to nurse appointments were very limited. If they needed to see a nurse more urgently this meant travelling to another surgery and asking a relative to take them. Comments received from patients showed that most patients could access an appointment when they wanted one. However two patients told us they had experienced difficulties, one of these was for an urgent appointment.

Listening and learning from concerns and complaints

During the inspection in September 2014, we found the practice did not have an established complaints process and had no record of any concerns or complaints raised about the service. They told us they would take action to improve this.

During this inspection, we found the practice had a 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 looked at two complaints received since the previous inspection. These were recorded on a complaints log which indicated that one complaint had been provided with a timely response but the other had taken 4 weeks to resolve and there was no record that the complainant had been updated during this time. This was outside of the practice policy guidelines and there was no record indicating a reason for the delay. The learning points and actions taken were not clearly recorded so that the practice could demonstrate the improvements they had made to the service as a result of their learning. However, when we spoke with the management team they were able to describe the learning in more detail.

There was no record of any verbal complaints raised about the service.

We saw that information was available to help patients understand the complaints system through a complaints

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

leaflet and information on the electronic screen in the waiting room. We noted that the information could be further improved to ensure that patients were confident in approaching a member of staff to discuss concerns and this would be given the same level of attention as a written complaint. None of the patients we spoke with had ever needed to make a complaint about the practice. They told us they would raise concerns with staff.

The practice website stated that patients who wished to complain should write to the senior GP. This meant that some patients could be disadvantaged if they were unable to do this or did not have someone who could take this action on their behalf. This was also not in line with the NHS complaints procedure and had not been updated since the last inspection.

The practice informed us staff were aware of the complaints procedure and they told us they would refer any issues to the senior GP or practice manager. There was no record that staff had received specific training in managing complaints or concerns.

Are services well-led?

Inadequate

(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 a quality service and promote good outcomes for patients. We saw the practice values were clearly displayed in the waiting area. The practice vision and values included that patients should be able to see a GP of their choice when they needed to.

We spoke with the lead GP who described a development plan for the service. This was sent to us after the inspection in written format and comprised of overall aims in the next ten years.

We spoke with five members of staff and they all knew what their responsibilities were in relation to providing a patient focused service linked to the service aims displayed in the waiting room. There was no evidence to demonstrate that staff had been involved in the future plans for the service to date.

Governance arrangements

The systems in place to monitor the quality and safety of the service were not always effective.

The practice had policies and procedures in place to govern activity and these were available to staff on the desktop on any computer within the practice. We found that some of these documents needed further attention to ensure they were fit for purpose. For example the infection control policies and the policy for out of hour's service provision required updating to reflect current local needs. The business continuity plan and the adult safeguarding policy did not include important contact numbers.

Staff had not received training on information governance. We also found that some confidential information had not been stored correctly. There was no policy in place to manage confidential information when a member of staff was also a registered patient at the practice.

The practice manager was responsible for human resource policies and procedures. Improvements had been made to the recruitment process since September 2014 but we found the practice had not followed their recruitment policy when a new member of staff had been appointed.

The practice had a whistleblowing policy which was also available to all staff in the staff handbook and electronically on any computer within the practice.

Since September 2014, improvements had been made to the significant events and complaints procedures. However, the systems required strengthening to ensure that opportunities for learning and improving the service were maximised.

The monitoring of clinical care included using the Quality and Outcomes Framework to measure its performance. The QOF data for this practice showed it was performing in line with national standards. However there was no planned programme for clinical audit and the full audit cycle had not been completed. There was no system in place to audit and monitor patients on high risk medicines.

Checks such as environmental checks for health and safety were not recorded and checks of equipment were not effective in identifying when items were out of date.

Since September 2014, the practice had established monthly staff meetings where governance issues were discussed. We looked at minutes from these meetings and found this had included some performance, quality and risks issues. The structure for these meetings could be improved to ensure that governance issues are a consistent agenda item.

Leadership, openness and transparency

Staff we spoke with told us the GPs were very approachable and supportive. They told us the senior GP was responsible for making key decisions. The practice had a leadership structure in place although staff were not always clear about which named members of staff had responsibility for lead roles. For example, infection control responsibilities were not defined.

Most staff worked across three separate practices and were part time. This included the practice manager who worked two days a week. This made communication about the management of the service more of a challenge. Since the previous inspection the practice manager had implemented monthly staff meetings which staff said they were able to contribute to. We saw the minutes of the last four meetings. Although there was not a standard agenda, regular items such as significant events, complaints, training and dispensary issues were always part of the agenda discussed. The meeting minutes did not contain

Are services well-led?

Inadequate

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

sufficient detail about action points that could be followed up to ensure they were completed. For example a complaint was shared with staff but there were no details of actions agreed and completed to prevent the situation from reoccurring. This increased the risk that staff who could not attend the meetings may not receive vital information.

Seeking and acting on feedback from patients, public and staff

The practice told us they valued feedback from patients. They did this through contact with their patients on a daily basis and also through the patient participation group (PPG). A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. The practice had an active PPG which included representatives from various population groups; families with young children, older people and working age patients. The PPG had not carried out any surveys in the last two years as they felt able to gather views informally and represent patients' needs because the population was quite small. A comments box was also available in the reception area although we noted that a pen and paper were not available for convenient use. We spoke with four members of the PPG who were very positive about the role they played and told us they felt engaged with the practice.

The practice gathered feedback from staff through staff meetings and informal discussion. Staff told us they felt able to give feedback and discuss any concerns or issues with colleagues and management. There was very limited evidence to demonstrate that staff views were considered and acted upon.

Management lead through learning and improvement

The practice had not made systematic quality improvements to the service to ensure that all of the identified issues were addressed following the CQC inspection in September 2014.

Although staff had improved access to mandatory training, some other key training issues had not been provided for staff. For example information governance and Mental Capacity Act 2005 training. Staff appraisals had not been completed for more than a year.

The practice had completed reviews of significant events and other incidents which had been shared with staff at meetings. However, the practice had not clearly identified learning actions that could be put into place and followed up so that outcomes for patients were improved.

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 Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The practice did not have suitable arrangements in place for the safe storage of medicines and the security of blank prescription forms.** Regulation 12 (d) (2)

This section is primarily information for the provider

Enforcement actions

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 Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The provider did not have effective systems in place for assessing the risk of, and preventing, detecting and controlling the spread of infections.** **Regulation 12(2)(h)**

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The provider did not have fully effective systems or processes in place to assess, monitor and improve the quality and safety of the services provided. Risks to the health, safety and welfare of patients, staff and visitors were not always well managed.** **Regulation 17(1)(2)(a)(b) (d)(i)(ii)**

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **Staff had not all received appropriate training or a performance appraisal to enable them to carry out the duties they are employed to perform.** **Regulation 18 (2) (a)**