

# Dr D J Corlett and Partners

## Quality Report

Beechfield Medical Centre  
Beechfield Gardens  
Spalding  
Lincolnshire  
PE11 1UN

Tel: **01775 724088**  
Website: [www.beechfieldmc.co.uk](http://www.beechfieldmc.co.uk)

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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?	<b>Inadequate</b>	
Are services effective?	<b>Requires improvement</b>	
Are services caring?	<b>Good</b>	
Are services responsive to people's needs?	<b>Good</b>	
Are services well-led?	<b>Requires improvement</b>	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Dr DJ Corlett & Partners at Beechfield Medical Centre, Spalding on 12 February 2015. Overall the practice is rated as requires improvement.

Specifically, we found the practice inadequate for providing safe services and requiring improvement for being effective and well led. It also required improvement for providing services for all the population groups. It was good for providing a caring and responsive service.

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

- There was not a clear system for reporting incidents, near misses or concerns, therefore evidence of learning and communication to staff was limited.
- Data showed patient outcomes were average or above for the locality. Although some audits had been

started, we saw no evidence that audit cycles had been completed and therefore were not driving improvement in performance to improve patient outcomes.

- Patients said they were treated with compassion, dignity and respect. They were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Complaints had not always been investigated fully and therefore learning from them was limited.
- Urgent appointments were available on the day they were requested through the triage system.
- The majority of practice policies had been withdrawn for review as they were either out of date or inaccurate.
- The practice had not proactively sought feedback from staff or patients.

The areas where the provider must make improvements are:

- Ensure audits of practice are undertaken, including completed clinical audit cycles.

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- Ensure there are mechanisms in place to seek feedback from staff and patients and this feedback is responded to.
- Ensure staff have appropriate policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.
- Ensure there are formal governance arrangements in place including systems for assessing and monitoring risks and the quality of the service provision.
- Ensure there is a robust system to manage and learn from significant events, near misses and complaints.

Ensure staff are appropriately supported by means of training and appraisal.

- Have a system in place for monitoring and training of all staff.

In addition the provider should:

- Have a system in place to ensure that all staff receive and act accordingly on NPSA/MHRA alerts.
- Have a system in place to track prescription pads in the practice.

Where, as in this instance, a provider is rated as inadequate for one of the five key questions or one of the six population groups it will be re-inspected no longer than six months after the initial rating is confirmed. If, after re-inspection, it has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group, we will place it into special measures. Being placed into special measures represents a decision by CQC that a service has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

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

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as inadequate for providing safe services and improvements must be made. Not all staff were clear about the process for reporting incidents, near misses and complaints. Although the practice reviewed when things went wrong, investigations were not thorough enough and lessons learned were not communicated and so safety was not improved. Patients were at risk of harm because systems and processes were either not in place or not well implemented in a way to keep them safe. Not all risks to patients were assessed, reviewed or well managed, such as risk assessments for the general office environment, control of substances hazardous to health (COSHH), medication in doctors bags and fire safety. There were no current policies or procedures in place to guide staff in regard to safeguarding vulnerable adults or children and the practice did not have a process in place to deal with safeguarding incidents robustly.

Inadequate



### Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made. Data showed patient outcomes were comparable with the average for the locality. Patient's needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. There were no completed audits of patient outcomes. We saw no evidence that audit was driving improvement in performance to improve patient outcomes. Multidisciplinary working was taking place but was generally informal and record keeping was limited or absent. Further training needs had not always either been identified or appropriate training planned to meet these needs. There had been no staff appraisals or personal development plans put in place since 2013.

Requires improvement



### Are services caring?

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 to help patients understand the services available was easy to understand. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



# Summary of findings

## Are services responsive to people's needs?

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 (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. The practice had good facilities and was well equipped to treat patients and meet their needs. Some information about how to complain was available. The practice had responded to issues raised, although some complaints had not been investigated fully or responded to appropriately.

Good



## Are services well-led?

The practice is rated as requires improvement for being well-led. It was committed to providing high quality care and promote good outcomes for patients going forward. Staff provided care and treatment to patients in line with the practice values. There was a leadership structure in place and staff felt supported by some management but at times some staff didn't feel confident that their concerns would be dealt with. The majority of the practice policies and procedures to govern activity were under review as they were either out of date or inaccurate. The practice had not carried out a patient survey since 2013 and had not proactively sought feedback from patients. There was a developing patient participation group (PPG). Staff had not received regular performance reviews and not all staff attended staff meetings.

Requires improvement



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as requires improvement for the care of older people. The provider was rated as good for caring and responsive overall and this includes for this population group. The provider was rated as inadequate for providing safe care and requiring improvement for effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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, those over 75 had a named, accountable GP and a copy of their own summary care record. They and as appropriate their carer, had direct access to the practice through a dedicated telephone number which reached the triage nurse who could react to emerging issues via a dedicated care coordinator or the GP.

Requires improvement



### People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The provider was rated as good for caring and responsive overall and this includes for this population group. The provider was rated as inadequate for providing safe care and requiring improvement for effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Nursing staff and GP partners had lead roles in 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 these patients had a structured annual review to check that their health and medication needs were being met. Chronic Disease Management templates reflected current NICE and QOF guidelines. The practice were training additional nurses in certain long term conditions.

Requires improvement



### Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as good for caring and responsive overall and this includes for this

Requires improvement



# Summary of findings

population group. The provider was rated as inadequate for providing safe care and requiring improvement for effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Immunisation rates were relatively high for all standard childhood immunisations. Children and young people were treated in an age-appropriate way and were recognised as individuals, having trained staff as a “Young Person” friendly practice. The practice offered a triage system into an urgent clinic for emerging issues on the day. This was particularly useful to families with young children. The practice arranged and facilitated baby immunisations to coincide with GP baby checks and post natal maternal checks in order to simplify the process for new mothers. Appointments were available outside of school hours.

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

The practice is rated as requires improvement for the care of working age people (including those recently retired and students). The provider was rated as good for caring and responsive overall and this includes for this population group. The provider was rated as inadequate for providing safe care and requiring improvement for 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. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. The practice provided well person clinics, travel clinics, sexual health and smear test clinics as well as NHS health checks to those over 40 years. There was a well-established telephone call-back system which was useful for working people and a triage system into an urgent clinic for emerging issues on the day.

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

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated as good for caring and responsive overall and this includes for this population group. The provider was rated as inadequate for providing safe care and requiring improvement for effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

**Requires improvement**



**Requires improvement**



# Summary of findings

The practice had a good awareness of and worked with patients whose first language was not English to ensure their needs were dealt with appropriately. A number of staff spoke relevant languages and translation services were available.

There was a lead GP for learning disabilities and the practice held a register of patients living in vulnerable circumstances such as those with a learning disability. It had carried out annual health checks for people with a learning disability. It offered longer appointments and flexibility to support people with a learning disability.

The practice had told vulnerable patients about how to access various support groups and voluntary organisations.

There was not a robust safeguarding process in place to support staff and guide them in their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies.

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

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

The practice maintained a number of registers for patients with mental health problems including those with Depression, Other Mental Health Issues and a separate dementia register.

There was a lead GP for depression who oversaw the system of constant review the practice operated for these patients depending on their type of depression. Patients with other mental health problems were invited for mental health checks annually, monitored and coordinated by the Lead Nurse.

**Requires improvement**



# Summary of findings

## What people who use the service say

The last patient survey the practice had carried out was in 2013. Results from the national GP NHS patient survey showed that 83% of patients who responded said the last GP they saw or spoke to treated them with care and concern which was in line with the national average for GP practices.

The national survey also reflected that 80% of patients would recommend the practice to others. This figure was in line with the average for practices in the CCG and the average for all practices in England.

We spoke with five patients on the day of our visit who, on the whole, were all very positive about the care and support they received at the practice.

Patients felt well looked after and described staff as being friendly, having time to listen and being caring. We met with members of the patient participation group (PPG). The PPG is a group of patients who highlight patient concerns and needs and work with the practice to drive improvement within the service. The PPG member told us they were developing work with the practice to address issues patients had raised.

## Areas for improvement

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

- Put in place an effective system to regularly assess and monitor the quality of the service provided by the practice.
- Have a clear audit programme with completed audit cycles to improve the quality of patient outcomes.
- Ensure risks to patients are assessed, reviewed and well managed. For example, risk assessments for the general office environment, control of substances hazardous to health (COSHH) and contents of doctors bags and fire safety.
- Have in place an up to date business continuity plan with relevant contact details.
- Ensure staff have appropriate policies and guidance in place to carry out their role in a safe and effective manner which are reflective of the requirements of the practice.
- Implement a robust system to manage and learn from significant events and near misses.

- Implement a robust system to manage and learn from concerns and complaints.
- Ensure there are mechanisms in place to seek feedback from staff and patients and this feedback is responded to.
- Put in place suitable arrangements to ensure staff are appropriately supported in relation to their responsibilities by staff receiving appropriate training, professional development and appraisal.
- Have a system in place for monitoring training of all staff.

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

- Have a system in place to ensure that all staff receive and act accordingly on NPSA/MHRA alerts.
- Have a system in place to track prescription pads in the practice.

# Dr D J Corlett and Partners

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and the team included a GP, a GP practice manager, another CQC inspector and a CQC inspection manager.

### Background to Dr D J Corlett and Partners

Dr DJ Corlett & Partners is a GP practice which provides a range of primary medical services under a GMS contract to around 16,000 patients from a surgery in the town of Spalding, Lincolnshire. The practice's services are commissioned by South Lincolnshire Clinical Commissioning Group (CCG). The service is provided by three full time male GP partners, two full time female GP partners and a female part time GP partner, two nurse practitioners, six practice nurses, two triage nurses, and two healthcare assistants. There is also a dispensary manager and a team of dispensing assistants. They are supported by a management team and reception and administration staff.

Local community health teams support the GPs in provision of maternity and health visitor services.

The practice has one location registered with the Care Quality Commission (CQC) which is at Beechfield Medical Centre, Beechfield Gardens, Spalding, Lincolnshire, PE11 1UN.

The surgery is in a modern two storey building with a large car park which includes car parking space designated for use by people with a disability near the surgery entrance.

We reviewed information from South Lincolnshire clinical commissioning group (CCG) and Public Health England which showed that the practice population had similar deprivation levels compared to other practices within the CCG and much lower than the average for practices in England.

The practice has opted out of the requirement to provide GP consultations when the surgery is closed. The out-of-hours service is provided by Lincolnshire Community Health Services NHS Trust.

The practice is a training practice for GP trainees, although at the time of our visit there were no trainees in place.

The CQC intelligent monitoring placed the practice in band six. The intelligent monitoring tool draws on existing national data sources and includes indicators covering a range of GP practice activity and patient experience including the Quality Outcomes Framework (QOF) and the National Patient Survey. Based on the indicators, each GP practice has been categorised into one of six priority bands, with band six representing the best performance band. This banding is not a judgement on the quality of care being given by the GP practice; this only comes after a CQC inspection has taken place.

### 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. This inspection was planned to check whether the provider is meeting the legal

# Detailed findings

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.

This provider had not been inspected before and that was why we included them.

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.

## 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
- The working-age population and those recently retired (including students)
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing poor mental health

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. We also reviewed information we had requested from the practice prior to our visit, as well as information from the public domain including the practice website and NHS choices.

We carried out an announced visit on 12 February 2015. During and subsequent to our visit we spoke with a range of staff including GPs, the management team, the nursing team, dispensary assistants as well as reception and administration staff. We also spoke with patients who used the service. We observed how people were interacted with and talked with carers and family members.

During our visit we spoke with representatives of the patient participation group to gain their views on the service provided by the practice.

# Are services safe?

## Our findings

### Safe track record

Prior to January 2015 records relating to significant events were limited to minutes of practice meetings when incidents had been discussed. Minutes were not available prior to January 2014 therefore the practice were unable to demonstrate a safe track record over the long term. The records we looked at relating to significant events, near misses and complaints showed that issues had been considered. However, they had not always been reviewed or investigated in enough depth to ensure that relevant learning and improvement could take place.

### Learning and improvement from safety incidents

The Practice did not have a clear or robust system for reporting, recording and monitoring significant events. There was no policy in place for dealing with significant events. Prior to the current practice manager taking up their post, significant events had not been documented on a specific form but had been discussed at the fortnightly partners and managers meetings. One staff member we spoke with described events being discussed initially at meetings but outcomes not being communicated.

The incidents we reviewed were poorly recorded and often the significance of findings had not been identified so that learning and improvement could take place. For example one reported event related to a patient who had been incorrectly prescribed a contraceptive pill at the same time as having a contraceptive implant. The issues had been considered and some action taken. However, the actions did not include carrying out a check to see if any other patients were in the same situation or consideration of checking staff adherence to policies and procedures to prevent a reoccurrence.

There had been no staff training about significant events and consequently a lack of understanding about what a significant event was and the process for handling them. The practice manager told us they were in the process of writing a policy and provided us with this following our visit. They also told us that a specific form was now in use to record events.

The practice had a system for recording 'near miss' incidents within the dispensary. We saw evidence that the system for recording was not robust, limited lessons were learnt and minimal actions were identified. We spoke to the

GP responsible for the dispensary who told us that 'near misses' were discussed at practice meetings. We looked at minutes of practice meetings and found that the findings were not shared with management or staff within the practice. A 'near miss' is an unplanned event that did not result in injury, illness or damage but had the potential to do so.

The practice did not have a robust system in place to disseminate national patient safety alerts or Medicines and Healthcare Products Regulatory Agency (MHRA) alerts to all practice staff. MHRA alerts are sent when there are concerns over the quality of a medication or equipment. They must be dealt with in line with the practice policy. The dispensary manager was able to give examples of recent alerts that were relevant to the care they were responsible for. They also told us alerts were not sent to all staff to ensure they were aware of any that were relevant to the practice and where they needed to take action. This was not in line with the standard operating procedure 'drug alert and product recall'.

### Reliable safety systems and processes including safeguarding

The practice did not have effective systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that most staff had received relevant role specific training on safeguarding. Staff were able to describe how to recognise signs of abuse in older people, vulnerable adults and children. The practice did not have a current safeguarding policy for vulnerable adults or children but had a referral procedure held in a folder. The procedure was confusing as there were two different sheets of information detailing how to contact the relevant agencies in working hours and out of normal hours. This information was not easily available in the practice and staff we spoke with were unaware of where to find it, therefore staff did not have correct guidance as to how to share information and properly record documentation of safeguarding concerns.

The practice had a dedicated GP as lead in safeguarding vulnerable adults and children. We saw evidence of relevant training for GPs relating to safeguarding. Therefore we could not be assured the lead GP for safeguarding had the relevant training to enable them to fulfil this role. Staff we spoke with were aware who the lead was.

We looked at records of a practice meeting held in December 2014 when three safeguarding issues had been

## Are services safe?

discussed. However there was no evidence that outstanding concerns had or would be followed up effectively. Information had been requested in one case and there was no reference to policy or guidance regarding consent and information sharing.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments; for example children subject to child protection plans.

There was a chaperone policy, which was visible in the waiting areas on both floors and in consulting rooms. (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). Nursing staff including health care assistants, carried out chaperone duties and had undertaken online chaperone training and understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination.

### Medicines management

The practice had a lead for medicines management.

The dispensary had documents which they referred to as Standard Operating Procedures (SOP's). All staff involved in the procedure had signed the SOPs to say they have read and understood the SOP and agree to act in accordance with its requirements.

Standard Operating Procedures cover all aspects of work undertaken in the dispensary. The SOP's should consist of step-by-step information on how to execute a task and existing SOP's should be modified and updated when appropriate. SOPs also provide a basis for training and assessment of competence.

We found that the SOP's indicated the level of competency expected for each function performed by dispensers. The SOPs had been reviewed and updated in the last 12 months. There was a written audit trail of amendments to SOPs.

Records showed that all members of staff involved in the dispensing process had received appropriate training and there were records to demonstrate that their competence was checked on a yearly basis prior to their annual appraisal.

The practice had a system in place to assess the quality of the dispensing process. They had signed up to the Dispensing Services Quality Scheme (DSQS) and carried out a yearly audit. DSQS rewards practices for providing high quality services to patients of their dispensary.

The dispensary accepted back unwanted medicines from patients. NHS England's Area Team make arrangements for a waste contractor to collect the medicines from the dispensary at regular intervals. We found that the dispensary had secure containers to keep the unwanted medicines in but there was no records kept of the medicines received by the practice.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by the practice staff. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs.

The practice provided a medicines delivery service Monday, Tuesday and Thursday for patients registered with the practice. They also delivered urgent medicines on other days where required.

We checked the medicine refrigerator in the dispensary and found medicines were stored securely and were only accessible to authorised staff. 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.

We checked three sharps bins in the dispensary. We found that the sharps bins were not correctly labelled and were over three quarters full. The Health and Social Care Act 2008 advises in the 'Code of Practice on the prevention and control of infection' all information requested on the Sharps box label must be completed in full. No Sharps box must be filled beyond the manufacturers maximum fill line indicated on each box.

The practice had arrangements in place to ensure that the cold chain was maintained for the delivery and storage of vaccines. There was no clear policy for ensuring that medicines were kept at the required temperatures or described the action to take in the event of a potential failure. We found that the plug for the fridge was on an

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extension lead. It was not labelled therefore it could get switched off and compromise the validity of the vaccines. We also found that the fridge temperatures were not reset on a daily basis.

The nurses administered vaccines using directions that had been produced in line with legal requirements and national guidance. We saw up-to-date copies of the directions and evidence that the nurses had received appropriate training to administer vaccines.

GPs we spoke with told us that reviews of prescribing data were discussed at clinical meetings although this was not evidenced.

Blank prescription pads were not handled in accordance with national guidance as these were not tracked through the practice. We spoke with the management team on the day of inspection who advised us they would put a process in place to ensure they adhered to national guidance.

Dispensing staff at the practice were aware prescriptions should be signed before being dispensed. If prescriptions were not signed before they were dispensed staff told us they would be returned to the GP for signature.

### **Cleanliness and infection control**

We observed the premises to be clean and tidy. We saw there were cleaning schedules in place and cleaning records were kept. Patients we spoke with told us they had no concerns about cleanliness.

The practice had a lead for infection control who had been in the role for over three years. However they had not undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training. All staff received induction training about infection control specific to their role but had not received annual updates. We saw evidence that the lead had carried out a recent infection control audit. There were two different audits carried out. We were told that audits had been carried out every six months but the records were not available. In the audits we reviewed there were required actions had been identified but there was no indication of timescales when the actions would be completed by.

The practice did not have a robust infection control policy in place. The policy was used in conjunction with fact sheets, referring to, for example, needle stick injuries or dealing with blood spillages. The practice had identified in the recent audit there was no specific hand hygiene policy

or a policy for the appropriate use of personal protective equipment in order to support staff to plan and implement measures to control infection. However we saw that there were notices about hand hygiene techniques displayed in staff and patient toilets and hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

All cleaning materials and chemicals were stored securely. Control of substances hazardous to health (COSHH) information was available to ensure their safe use. However this was not available for all the products in use in the practice. We spoke with the nurse manager who told us they would review and update the COSHH information.

We saw disposable curtains were in use in clinical rooms we looked at. These ensured that patients had privacy when being examined. We saw evidence that these had been changed every six months in line with national guidance.

The practice had a policy for the management, testing and investigation of legionella (a bacterium that can grow in contaminated water and can be potentially fatal). We saw records that confirmed the practice was carrying out regular checks in line with this policy to reduce the risk of infection to staff and patients.

### **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 and we saw equipment maintenance logs and other records that confirmed this.

All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date, for example, the ECG machine. An electrocardiogram machine (ECG) records the electrical activity of the heart. The heart produces tiny electrical impulses which spread through the heart muscle to make the heart contract.

### **Staffing and recruitment**

Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks through the Disclosure and Barring Service (DBS). The practice had a

## Are services safe?

recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff, however the practice manager told us this was out of date and was currently under review.

Staff we spoke with told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for the different staffing groups to ensure that enough staff were on duty. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave. The practice had found difficulty in recruiting a GP and had addressed this by employing nurse practitioners and also putting in place a nurse led triage system.

Staff told us there were enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe.

### **Monitoring safety and responding to risk**

The practice did not have robust systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. For example, general office environment, control of substances hazardous to health (COSHH) and medication carried by GPs when on home visits.

We were shown a draft copy of the health and safety policy. We were told by the practice manager that it would be completed and distributed to all staff for guidance.

The practice did not have identified risks on a risk log. We did not see any evidence of risks being discussed at practice meetings. Following our inspection the practice manager provided us with evidence of a number of risk assessments relating to business continuity and environmental risks.

### **Arrangements to deal with emergencies and major incidents**

The practice had arrangements in place to manage emergencies. Records showed that all staff had received training in basic life support. Emergency equipment was

available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). 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 available in secure areas on both floors of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. Anaphylaxis is an acute allergic reaction to an antigen (e.g. a bee sting) to which the body has become hypersensitive. Hypoglycaemia is a low blood sugar. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

The practice had recently changed its policy and had made the decision not to carry any emergency medicines in the doctor's bag. Each home visit request was triaged by telephone before they visited, to ascertain if they needed to take any drugs with them and which ones. They would then take the drugs from the practice they considered appropriate as required. The practice did not have a risk assessment to assess and mitigate the risks. We spoke with the management team and they told us they would review this arrangement after our inspection.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. The plan did not contain relevant contact details for staff to refer to in the event of an emergency. The practice manager told us he had identified that the plan required updating and was going to action this.

The practice had a fire risk assessment that included actions required to maintain fire safety. The risk assessment was out of date and there was no evidence to demonstrate if the actions that had been identified had been actioned. Records showed that staff were up to date with fire training and that they practised regular fire drills. The practice manager informed us following our inspection that he had made arrangements for a revised, full, fire plan to be developed by a Fire Safety Consultant.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. GPs told us new guidelines were discussed at clinical meetings and required actions agreed. We found from our discussions with the GPs and nurses that staff completed thorough assessments of patients' needs in line with NICE guidelines, and these were reviewed when appropriate.

The GPs told us they lead in specialist clinical areas such as diabetes and the practice nurses supported this work, which allowed the practice to focus on specific conditions. Clinical staff we spoke with told us they felt comfortable to ask for advice and support when needed.

One of the GP partners showed us data from NHS England of the practice's performance for antibiotic prescribing, which was slightly below average. The practice had a system in place to identify patients with complex needs who had multidisciplinary care plans documented in their case notes.

GPs we spoke with used national standards for the referral of patients with suspected cancers in order for them to be referred and seen within two weeks. GP partners reviewed referrals made by locums to ensure they were appropriate.

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 patient's age, gender, race and culture as appropriate.

### Management, monitoring and improving outcomes for people

Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, and managing medicines management. The information staff collected was then collated by the administration manager and the nurse manager to monitor areas of performance.

We asked the practice to show us any clinical audits that had been undertaken. We were shown three initial audit documents which were surveys but not full audit cycles.

This meant that there was no identification of any changes to treatment or care required or learning from the information gained. In failing to have a system in place for completing clinical audit cycles the practice had missed an important opportunity to review the care and treatment provided by the team and seek ways to improve patient outcomes.

The practice also used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The practice met or exceeded all the minimum standards for QOF in diabetes, asthma, chronic obstructive pulmonary disease (lung disease) and atrial fibrillation. This practice was not an outlier for any QOF (or other national) clinical targets.

The practice had a palliative care register and had regular internal meetings to discuss the care and support needs of these patients and their families. GPs we spoke with told us they had invited other healthcare professionals such as district nurses and palliative care nurses to be involved in the meetings but they had not been able to attend. The patients on the palliative care register were flagged on the practice computer system to enable them to receive appropriate support as needed.

The practice also participated in local benchmarking run by the CCG. This is a process of evaluating performance data from the practice and comparing it to similar surgeries in the area. This benchmarking data showed the practice had outcomes that were comparable to other services in the area.

### Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that most staff were up to date with attending mandatory courses such as annual basic life support. 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).

We looked at five non clinical staff appraisals and found that the most recent appraisal had taken place in 2013. A

# Are services effective?

(for example, treatment is effective)

member of staff we spoke with told us they had not had an appraisal since 2012. We discussed appraisals with the nurse manager who told us nursing staff were booked for appraisals in March 2015 but was unable to locate any existing appraisals for nursing staff. We also spoke with the practice manager who told us that since he took up his post he had reviewed and updated staff files and would ensure that appraisals were carried out. Our interviews with staff concluded that the practice was not always proactive in providing training for relevant courses. Some nursing staff had attended annual updates in relation to their specialised area such as anticoagulation but others had asked for specific updates relevant to their role and despite this being agreed it had not yet been facilitated.

Nurse practitioners and practice nurses were expected to perform defined duties and were able to demonstrate that they were trained to fulfil these duties. For example, on administration of vaccines and cervical cytology. Those with extended roles, for example, seeing patients with long-term conditions such as asthma, chronic obstructive pulmonary disease (COPD), diabetes and coronary heart disease were also able to demonstrate that they had appropriate qualifications to fulfil these roles.

The practice had a triage system. Triage is a system where either a GP or a practice nurse speaks to a patient to assess their problem and determine the best course of action. The purpose of triage is to ensure that patients who feel their problem needs to be dealt with either on the day or before a routine appointment is available can access clinical advice quickly and efficiently. We were told that the triage nurses had not received any specific training in minor illness and/or telephone triage to carry out this role. Furthermore there was no clear triage policy/guidelines in place to ensure patient safety.

## 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. The practice had a process in place for receiving, passing on, reading and acting on any issues arising from communications with other care providers on the day they were received. 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. However there was no system in place to check that all post had been actioned. The practice manager had identified this as an issue and told us they were introducing a system to rectify this.

The practice was commissioned for the enhanced service for the avoidance of unplanned admissions and had a process in place to follow up patients discharged from hospital. (Enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). We were told by one of the GP partners that the nurse manager was responsible for contacting patients who were discharged from hospital and arranged the appropriate follow up as necessary by either a GP or district nurse.

The practice held quarterly meetings to discuss the needs of complex patients, for example those with end of life care needs.

## Information sharing

The practice used 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. Electronic systems were also in place for making referrals using the Choose and Book system. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

For emergency patients, there was a policy of either faxing patient information to the hospital or providing a printed copy of a summary record for the patient to take with them to A&E.

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record EMISWEB to coordinate, document and manage patients' care. All staff were fully trained on the system, and found the system easy to use. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

## Consent to care and treatment

From our discussions with GPs we found that staff were aware of the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in fulfilling it. GPs and nursing staff we spoke with demonstrated a clear

# Are services effective?

(for example, treatment is effective)

understanding of Gillick competencies. (These are used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions).

We saw the written guidelines clinicians referred to.

All the clinical staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it in their practice. For some specific scenarios where capacity to make decisions was an issue for a patient, the practice had drawn up a policy to help staff, for example with making do not attempt resuscitation orders (DNAR). We saw that the policy was attached to each DNAR form and the policy highlighted how patients should be supported to make their own decisions.

Patients with a learning disability were supported to make decisions through the use of care plans, which were completed on a template in the practice computer system. Patients and where appropriate, their carers were involved in agreeing the care plan. These care plans were reviewed annually (or more frequently if changes in clinical circumstances dictated it).

## Health promotion and prevention

The practice offered NHS Health Checks to all its patients aged 40 to 74 years. There was a system in place to follow up patients if they had risk factors for disease identified at the health check.

The practice had numerous ways of identifying patients who needed additional support, and it was pro-active in offering additional help. For example, the practice kept a register of all patients with a learning disability and 87% of patients on the register had taken up the offer of an annual physical health check in the year to date. The practice had also identified the smoking status of 90% of patients over the age of 15 and offered nurse-led smoking cessation clinics to these patients. In the year to date 73% of smokers had taken up the offer of support which was an increase on the figures from the same point in the preceding year.

Similar mechanisms of identifying 'at risk' groups were used for patients who were obese and those receiving end of life care. These groups were offered further support in line with their needs.

The practice's performance for cervical smear uptake was 83%, which was better than the national average. There was a process in place for following up patients who did not attend for cervical smears.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. If appointments were not kept for childrens immunisations this was followed up by contacting the parents and the health visitor.

The practice held a register of patients who were identified as being at end of life and had care plans to support them. A copy of the care plan was kept at the patient's home to share with other providers if needed. Patients over the age of 75 had a named GP.

Structured annual reviews were in place for various long term conditions such as diabetes and COPD with an effective call and recall system.

The practice ran a sexual health clinic which provided contraceptive services and sexual health advice, screening and treatment to their patients including young people. This was also available to patients of other practices.

82% of people aged 40 or over had a record of a blood pressure check in the last five years in the year 2013/2014 and at the time of inspection the figure had increased and was currently 86%.

We saw evidence of patients having been signposted to support groups such as to an addiction clinic.

73% of patient who were on the practice dementia register had their care reviewed in the last 12 month and 62% of people on the mental health register had an agreed care plan in place.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction from the national GP patient survey of 108 patients which was published in January 2015. The practice or their patient participation group (PPG) had not carried out a survey since 2013. Evidence from the national survey showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. For example, data from the survey showed the practice was rated well by patients as 91% of patients surveyed described their overall experience of the practice as good or very good. The practice was above the CCG average for most of its satisfaction scores on consultations with doctors and nurses with 81% of practice respondents saying the GP was good at listening to them and 84% saying the GP gave them enough time. With regard to nurse consultations, 95% of practice respondents said the nurse was good at listening to them and 95% said the nurse gave them enough time.

We spoke with five patients on the day of our inspection. On the whole patients said they felt the practice offered a good service and the majority of staff were efficient, helpful and caring. All told us they were satisfied with the care provided by the practice and said their dignity and privacy was always respected.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Disposable curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and 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' treatments so that confidential information was kept private. The practice switchboard was located away from the reception desk which helped keep patient information private. There was a system which only allowed one patient at a time to approach the reception desk. This prevented patients overhearing potentially private conversations between patients and reception staff. We saw this system in

operation during our inspection and noted that it enabled confidentiality to be maintained. There were posters on display advising patients to ask at reception if they wanted to speak in a private room.

There was information in the patient leaflet stating the practice's zero tolerance for abusive behaviour. The practice manager told us they planned to include this information in the staff handbook which they were in the process of updating so receptionists could refer to it to help them diffuse potentially difficult situations.

### Care planning and involvement in decisions about care and treatment

The national GP patient survey information we reviewed showed patients responded positively overall to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example, data from the national patient survey showed 71% of practice respondents said the GP involved them in care decisions and 85% felt the GP was good at explaining treatment and results. The data for nurse consultations showed that 82% of practice respondents said the nurse involved them in care decisions and 91% felt the nurse was good at explaining treatment and results.

Most 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 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 they wished to receive.

Staff told us that translation services were available for patients who did not have English as a first language. There was information referring to this in the practice leaflet.

We saw evidence of patient involvement and agreement in end of life planning in relation to do not attempt resuscitation (DNAR) orders.

Nursing staff had attended 'young people friendly' training which relates to children and young people being treated in an age-appropriate way and recognised as individuals with their preferences considered in line with Department of Health criteria for young people friendly health services.

## Are services caring?

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

The patients we spoke with on the day of our inspection were positive about support provided by staff at the practice. For example, patients reported that staff responded compassionately when they needed help and provided support when required. They described incidents where they had felt supported which ranged from having a nurse as a chaperone during treatment to sensitive support being given by receptionists when making an appointment.

Vulnerable patients were flagged on the practice computer system which enabled staff to offer extra support as necessary.

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.

Staff told us that if families had suffered a bereavement, the family were contacted by means of a condolence card and a home visit would be arranged when appropriate to support and meet the family's needs.

# 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 needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered.

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.

The practice had also implemented suggestions for improvements and made changes in response to feedback from the patient participation group (PPG). For example a member of the PPG told us a suggestion had been made at their meeting regarding having hand cleanser near the touch screen in the reception area in order to improve infection control and this had been implemented by the practice.

### Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. The practice had a population of approximately 90% English speaking patients though it could cater for other different languages through online and telephone translation services. There was also some information on the practice website available in twenty different languages. Staff told us that often patients who could not speak English brought someone with them who could. The practice also had members of staff who spoke Latvian, Lithuanian and Polish who could assist when necessary. Some notices in the patient waiting area had been translated into other languages.

The practice provided equality and diversity training through e-learning. Staff we spoke with confirmed that they had completed the equality and diversity training.

The premises were purpose built and met the needs of patient with disabilities. The practice was situated on the ground and first floors of the building. Access to the first floor was via a lift or stairs. The practice was very spacious which made it accessible to patients with mobility scooters. This made movement around the practice easier and helped to maintain patients' independence.

We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice including baby changing facilities.

There was a system for flagging vulnerable patients in their individual records and also registers held of some vulnerable patients such as those with mental health problems or a learning disability.

### Access to the service

Appointments were available from 08:30 am to 6pm on weekdays. The practice closed for an hour at lunchtime once a week for staff training. The practice did not provide extended opening hours.

We reviewed the most recent data available for the practice on patient satisfaction from the national GP patient survey of 108 patients which was published in January 2015. This showed that 80% of respondents were satisfied with the practice's opening hours. There was a nurse triage system in place. This meant that if patients wanted a same day appointment they were able to call the practice and would be called back by the triage nurse and an appointment with either a nurse or a GP would be arranged as appropriate. Children under the age of two were always seen by a GP.

Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. Information on the out-of-hours service was provided to patients. We reviewed information from the January 2015 national GP patient survey where 78% of patients said it was easy to get through to the practice by telephone.

Longer appointments were also available for patients who needed them and those with long-term conditions. This also included appointments with a named GP or nurse. Home visits were made to local care homes and to those patients who needed one by a GP.

Patients we spoke with were generally satisfied with the appointments system. They confirmed that they could be seen on the same day if they needed to. They also said they

# Are services responsive to people's needs?

(for example, to feedback?)

could see another doctor if there was a wait to see the doctor of their choice. We observed that a patient who required an urgent appointment was called back with 30 minutes to make a same day appointment.

## **Listening and learning from concerns and complaints**

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. However there was no reference in the policy to learning as a result of complaints. Also the policy stated that if a patient was dissatisfied with the outcome of their complaint their only option was to refer it to the ombudsman but not the CCG or NHS England. One of the GP partners was designated as the lead person responsible for complaint handling in the practice.

We saw that there was some information available to help patients understand the complaints system. A complaints leaflet for patients had recently been approved which advised patients of the complaints process, how to raise a

complaint and how to access support to do so. There was limited information regarding making a complaint on the practice website. None of the patients we spoke with had ever needed to make a complaint about the practice.

The practice had received eleven complaints in the last 12 months, three of which had not been initially responded to within appropriate timescales. We looked at four complaints received in the last 12 months and found that there were no invitations from the practice to complainants to meet and attempt to resolve their issues and there was a lack of investigation and learning from complaints. For example, one complaint related to a conflicting diagnosis following a second opinion being sought from another GP, however the investigation only included a response from the GP who made the original diagnosis and there was no learning identified.

The practice had compiled a summary of complaints over the last 12 months. No themes had been identified. There was a lack of recording of any discussions relating to complaints and any learning from them at practice meetings.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

The practice was committed to providing high quality care and promoting good outcomes for patients going forward. They had been proactive in employing nurse practitioners when they had been unable to recruit a GP. The practice had now employed a new practice manager after being without one since August 2014. At the time of our inspection he had only been in post for four weeks but in that time had already implemented many changes. Staff we spoke with felt this had already had a positive effect. We found details of the practice values included in the practice's statement of purpose. Some values the practice had stated were to provide the best possible quality service to patients within a confidential and safe environment by working together and to encourage patients to get involved in the practice through surveys, questionnaires and encourage them to comment on the care they received.

The staff we spoke with provided care and treatment to patients in line with the practice values.

### Governance arrangements

The practice manager had already started to have a positive effect on the development of practice policies and was in the process of updating and revising them as he told us they were either out of date or inaccurate.

There was a leadership structure with named members of staff in lead roles. For example, the nurse manager was the lead for infection control and one of the GP partners was the lead for safeguarding. We spoke with staff who were all clear about their own roles and responsibilities. However some staff we spoke with told us they did not feel well supported but were positive about the presence of the new practice manager and had confidence support would be there going forward.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing in line with national standards.

The practice did not have an ongoing programme of clinical audits to use to monitor quality and systems to identify where action should be taken. We were provided with a proposed programme of audits covering different clinical areas for both nurses and GPs over 12 months.

The practice had limited arrangements in place for identifying, recording and managing risks. We saw that fire and legionella risk assessments had been completed but the fire risk assessment was out of date. There was a business continuity plan which was in the course of being updated. There was no risk log to address and monitor issues such as COSHH, general environment, manual handling, slips, trips and falls.

The practice did not have an effective system in place to regularly assess and monitor the quality of the service provided by the practice.

### Leadership, openness and transparency

The practice manager had already had an impact on how meetings were conducted. We saw from minutes that team meetings were held fortnightly for GP partners and the management team. There were also nurse meetings fortnightly and the practice manager had just introduced quarterly practice meetings for all staff to attend and enable them to raise issues. This would also enable the different sections of the practice to be more joined up.

The practice manager was responsible for human resource policies and procedures. He was in the process of updating the staff handbook and provided us with a draft copy. This included sections on equality, management of sickness and health and safety.

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

The practice had not gathered feedback from patients through a patient survey since 2013. However the practice manager told us there was a survey currently underway. There was a suggestions box in the patient waiting area in order for patients to comment on the service they received and put forward ideas for improvement. The practice had also sought feedback from patients by means of complaints but had not always acted appropriately on this feedback. The practice told us that they had changed their telephone provider in response to patient comments about difficulty getting through to the practice by telephone.

The practice had a patient participation group (PPG) which had been in existence for approximately two years and consisted of six members. We spoke with two members of the PPG who told us they met monthly. They were not clear about the role of the PPG but told us that since the practice manager recently took up post he had recruited new members to join the PPG and had attended their meeting.

# Are services well-led?

Requires improvement 

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

The PPG members we spoke to told us they had not had any involvement in considering results from patient surveys with the practice as they were not part of the PPG when the last survey took place in 2013. The PPG annual report of 2013/14 reflected that survey results had been discussed with the PPG and actions implemented.

The practice manager had just introduced practice meetings for all staff to attend in order to gain feedback from staff and told us that the agenda would be driven by the staff. He also told us that appraisals would be carried out for all staff as another means of gaining feedback.

The practice manager had already identified that the practice did not have a whistleblowing policy available to staff at the time of our inspection and provided the policy subsequent to our visit.

## Management lead through learning and improvement

Some staff had opportunities for professional development but there was no clear plan for mandatory training and completion of training was not monitored in all areas.

Staff appraisals had not been completed since 2013 therefore staff may not have had the opportunity to update and improve their knowledge and skills.

We saw limited evidence that information about the service was used in ways to develop and improve the service provided to patients. For example through learning from investigating significant events and complaints.

The practice was a GP training practice but at the time of our inspection there were no GP trainees in place.

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>We found that the registered person had not taken steps to ensure that care and treatment was provided in a safe way as they did not have in place systems to:</p> <ul style="list-style-type: none"><li>assess the risks to the health and safety of service users of receiving the care or treatment;</li><li>do all that is reasonably practicable to mitigate any such risks.</li></ul> <p>This was in breach of Regulation 10 (1)(a) (b), 10 (2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 (1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>We found that the registered person had not protected people, or others who may be at risk against the risks of inappropriate or unsafe care and treatment because they did not;</p> <ul style="list-style-type: none"><li>assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity, or;</li><li>assess, monitor and mitigate the risks relating to the health, safety and welfare of people and others, who may be at risk which arise from the carrying on of the regulated activity.</li></ul>

This section is primarily information for the provider

## Requirement notices

This was in breach of Regulation 10(1)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 (2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

### Regulated activity

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

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider did not have in place systems to ensure that employees were able to;

receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform and:

be enabled where appropriate to obtain further qualifications appropriate to the work they perform.

This was in breach of Regulation 23(1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 (2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

### Regulated activity

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

### Regulation

Regulation 20 HSCA (RA) Regulations 2014 Duty of candour

Registered persons must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity.

There should be appropriate policies in place to guide staff in their role.

This was in breach of Regulation 10(2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 20(1) of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).