

# West Derby Medical Centre

## Quality Report

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Date of inspection visit: 24 April 2017  
Date of publication: 09/06/2017

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

## Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at West Derby Medical Centre on 24 April 2017. Overall the practice is rated as good but requires improvement for providing well led services and good for providing safe, effective, responsive and caring services.

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

- The practice had recently moved from two locations to a purpose built health centre. The practice was clean and had good facilities including disabled access to the main entrance, translation services and a hearing loop. However, there was limited car parking facilities. The practice was working towards trying to resolve this issue. Disabled access to the upper floor was poor, as there were two heavy doors to the entrance of the waiting room, and access to the toilet area would be very difficult in a wheelchair.
- Patient comments received indicated there were difficulties in getting through to the practice by telephone, waiting for an appointment with a GP of their choice and problems with prescriptions. The

practice was aware of the negative feedback and was working towards solutions to increase the number of appointments and having more staff answer the telephones and had recently employed a reception manager to help.

- There were systems in place to mitigate safety risks including analysing significant events and safeguarding. However the management arrangements and records of monitoring systems to improve quality and identify safety risks needed improving.
- The practice had arrangements to respond to emergencies and major incidents.
- Patients' needs were assessed and care was planned and delivered in line with current legislation.
- 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. However, information about verbal complaints made and actions taken were not

# Summary of findings

recorded. The practice sought patient views about improvements that could be made to the service; including having a patient participation group (PPG) and acted, where possible, on feedback.

- Staff received training relevant to their role but it was unclear if safeguarding training was completed to the expected level of competence. In addition, staff had not received training in the Mental Capacity Act. Staff did receive regular appraisals.
- Many of the staff had worked at the practice for a long time and knew the patients well. Staff worked well together as a team and all felt supported to carry out their roles.

The areas where the provider must make improvements are:

- Ensure risk assessments required by health and safety legislation are completed; and improve on quality assurance and monitoring systems and related records.

- The practice must record and monitor verbal complaints.

The areas where the provider should make improvement are:

- Ensure all staff receive safeguarding training and Mental Capacity Act training appropriate for their role.
- Continue to monitor patient satisfaction with regards to appointment and telephone access and respond when necessary.
- Continue to monitor patient satisfaction with regards to appointment and telephone access and respond when necessary.
- Ensure emergency medications are appropriately stored.
- Encourage staff to report both positive and negative incidents.

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

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The management arrangements and records of monitoring systems to improve quality and identify safety risks needed improving.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Patient comments indicated that patients 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



# Summary of findings

## Are services responsive to people's needs?

Good



- The practice had recently moved from two locations to a purpose built health centre. The practice was clean and had good facilities including disabled access to the main entrance, translation services and a hearing loop. However, there was limited car parking facilities. The practice was working towards trying resolve this issue. Disabled access to the upper floor was poor, as there were two heavy doors to the entrance of the waiting room, and access to the toilet area would be very difficult in a wheelchair.
- Patient comments received indicated there were difficulties in getting through to the practice by telephone, waiting for an appointment with a GP of their choice and problems with prescriptions. The practice was aware of the negative feedback and was working towards solutions to increase the number of appointments and having more staff answer the telephones.
- Information about services and how to complain was available. However, information about verbal complaints made and actions taken were not recorded. Learning from complaints was shared with staff.

## Are services well-led?

Requires improvement



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

This was because the arrangements to monitor and improve quality and identify risk needed improving. For example the practice had:

- Not completed some risk assessments to monitor safety of the premises required by health and safety legislation such as control of substances hazardous to health (COSHH), display screen risk assessments for staff and disabled access.
- Some monitoring systems in place but these required improvement for example, monitoring patient safety alerts, monitoring uncollected prescriptions and monitoring fridge temperatures.
- The practice did not monitor or record actions taken as a result of a verbal complaint.

However there were areas of good practice including,

- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The practice sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.

# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for providing services for older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and offered home visits and care home visits. The practice participated in meetings with other healthcare professionals to discuss any concerns. There was a named GP for the over 75s.

Good



### People with long term conditions

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

The practice had registers in place for several long term conditions including diabetes and asthma. Longer appointments and home visits were available when needed. All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

The practice had followed up children who had attended accident and emergency (A&E) departments. Staff had received safeguarding training but it was not clear if all had received training to the correct level for their role.

Immunisations were available at set clinic times but could be done at other times if requested.

Good



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

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

The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours.

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.

Good



# Summary of findings

## People whose circumstances may make them vulnerable

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

The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice offered longer appointments for patients with a learning disability.

The practice regularly worked with other health care professionals in the case management of vulnerable patients and had information available for vulnerable patients about how to access various support groups and voluntary organisations.

The practice was contracted to provide care for a children's hospice.

Good



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

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

Patients experiencing poor mental health received an invitation for an annual physical health check. Those that did not attend had alerts placed on their records so they could be reviewed opportunistically. The practice worked with local mental health teams.

Good



# Summary of findings

## What people who use the service say

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 37 comment cards, 19 of which were positive about the standard of care received. The other 18 comment cards were mainly happy with the standard of care and helpfulness of staff. However, 16 cited problems in getting through to the practice by telephone and getting an appointment. A further two comments highlighted mix ups with prescriptions and one mentioned access and one about reception staff attitude.

We spoke with two patients during the inspection. They were satisfied with the care they received but highlighted great difficulty in getting through to the practice by

telephone and having to wait several weeks for routine appointments with GPs of their choice. The practice was aware of the negative feedback and was working towards solutions to increase the number of appointments and having more staff to answer the telephones.

We reviewed information from the NHS Friends and Family Test which is a survey that asks patients how likely they are to recommend the practice. Results from October 2016 to March 2017 from 71 responses, showed that 66 patients were either extremely likely or likely to recommend the practice, and three were unsure or didn't know and two were extremely unlikely to recommend the practice.



# West Derby Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser.

### Background to West Derby Medical Centre

West Derby Medical Centre is based in. There were 12,672 patients on the practice register at the time of our inspection and the practice population is mainly white British.

The practice is a teaching and training practice managed by six GP partners and there are three salaried GPs. There are three practice nurses and a healthcare assistant. Members of clinical staff are supported by a practice manager, reception and administration staff.

The practice is open 8am to 6.30pm every weekday. Extended hours appointments are offered from 7am on Mondays, Tuesdays and Wednesdays and until 7.30pm on Tuesday evenings.

Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service, by calling 111.

The practice has a General Medical Services (GMS) contract and has enhanced services contracts which include childhood vaccinations. The practice is part of Liverpool local clinical commissioning group.

### Why we carried out this inspection

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

### 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 were provided for specific groups of people and what good care looked like for them. The population groups are:

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living with dementia).

# Detailed findings

The inspection team :-

- Reviewed information available to us from other organisations e.g. local commissioning group.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 24 April 2017.
- Spoke to staff and a representative of the patient participation group.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

# Are services safe?

## Our findings

### Safe track record and learning

There was a system in place for reporting and recording significant events and incidents. Staff told us they would inform the practice manager of any incidents. However there was no recording form available and staff showed us a log book but this was empty. The practice carried out a thorough analysis of the significant events. Significant events were discussed at staff meetings. The minutes of these meetings were available on the computer system but not circulated to staff. Significant events were reviewed over a fixed period of time to identify any trends to drive improvement.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.

The practice had systems in place to cascade information from safety alerts which were discussed in staff meetings. However, the records for how safety alerts were monitored and actioned needed improving.

### Overview of safety systems and processes

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. However, the policies did not outline who to contact for further guidance if staff had concerns about a patient's welfare but there were additional flowcharts in the consulting rooms with contact numbers. There was a lead GP for safeguarding vulnerable adults and children. Staff demonstrated they understood their responsibilities and but it was not clear if all staff had received training relevant to their role.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice was clean and tidy. Monitoring systems and cleaning schedules were in place. One of the practice nurses was the infection control clinical lead but not all staff were aware of this. There was an infection control protocol and staff had received up to date training. Infection control audits were undertaken and action plans were in place to address any shortfalls. There were spillage kits that only clinicians were allowed to use and appropriate clinical waste disposal arrangements in place.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Emergency medication and vaccinations were checked for expiry dates. However, emergency medications were all stored in fridges and this is contraindicated for some medications. Fridge temperatures were checked on a daily basis for the storage of vaccinations but the monitoring of this was poor and did not highlight what happened when temperatures were recorded out of range. There were patient group directives (PGDs) for nurses to be authorised to carry out vaccinations. The records we reviewed had been implemented in various months in 2016 and immunisations had been carried out but had only been signed for authorisation in April 2017. There was a repeat prescribing protocol. Uncollected prescription were checked every two months and shredded but it was not clear if staff checked it was appropriate to do this. It was not clear who had accountability to check the monitoring systems used.
- Prescription pads used for printers were securely stored and there were systems in place to monitor their use.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment for the most recent member of staff employed. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. All staff had received a DBS check.

### Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in a staff

## Are services safe?

room which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire safety equipment tests but had not yet carried out fire drills. Staff were aware of what to do in the event of fire and had received fire safety training as part of their induction.

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had not completed some risk assessments to monitor safety of the premises such as control of substances hazardous to health (COSHH), display screen risk assessments for staff; and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) although we did see certificates for disinfection of water systems. There was no risk assessment for disabled access.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

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

The practice had arrangements in place to respond to emergencies and major incidents.

- The practice had a protocol to manage emergency incidents and all rooms had panic alarms.
- All staff received annual basic life support training and there were emergency medicines available.
- The practice had defibrillators available on the premises and oxygen with adult and children's masks. There were first aid kits available and an accident book.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The practice also worked towards meeting local targets.

There was evidence of quality improvement including clinical audit. For example, minor surgery audits, referral audits, antibiotic use in splenectomy patients. The practice did carry out a lot of data collection and would benefit from having a structured approach to the planning of audits.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.
- There was a system of regular appraisals for staff.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. However, staff had not received training in the Mental Capacity Act. Staff had access to and made

use of e-learning training modules and in-house training. Guest speakers were invited to attend clinical meetings and recent meetings had included for example, training in palliative care.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. The practice was contracted to look after children in a local children's hospice.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005. The lead GP was section 12 approved to carry out assessments with social services and received regular training. Clinical Staff had received training about the MCA but not all non-clinical staff.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

## Are services effective? (for example, treatment is effective)

- A drug councillor was available on the premises.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There

were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. However, the room used was also used as a corridor between the waiting room and reception office and staff walked through this to gain access.

Care Quality Commission comment cards we received were generally positive about the service experienced in terms of the quality of care received. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two patients who were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had

sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation services were available for patients who did not have English as a first language.
- The practice website was available in different languages.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Additional information about patient lifestyle was gained from patient questionnaires in the waiting room.

The practice used information at registration to identify carers and also from patient questionnaires in the waiting room. The practice had identified 514 patients as carers (4% of the practice list). The practice offered flu vaccinations for carers. The patient participation group (PPG) had raised the issue of signposting more information around support for dementia carers and information notices had been placed at the entrance of the premises and within the waiting room. Information on the practice website was also available to direct carers to the various avenues of support available to them.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice had recently moved from two locations to a purpose built health centre. The practice was clean and had good facilities including disabled access to the main entrance, translation services and a hearing loop. However, there was limited car parking facilities. The practice was working towards trying to resolve this issue. Disabled access to the upper floor was poor, as there were two heavy doors to the entrance of the waiting room, and access to the toilet area would be very difficult in a wheelchair.
- The practice offered extended hours for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- There were accessible facilities, which included a hearing loop, and interpretation services available.

There were specific clinics available:

- Well Women Clinic and Smear Clinic
- Baby Immunisation clinic
- Asthma Clinic
- Diabetic Clinic provided by the practice nurses and also a visiting diabetic specialist nurse.
- Antenatal Clinic provided by the midwife
- Minor Surgery
- INR monitoring

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended hours appointments were offered from 7am on Mondays, Tuesdays and Wednesdays and until 7.30pm on Tuesday evenings. In addition to pre-bookable appointments that could be booked up to six weeks in advance with the practice nurse and two weeks in advance with the GP; urgent appointments were also available for patients that needed them.

Patient comments received indicated there were difficulties in getting through to the practice by telephone or waiting for an appointment with a GP of their choice. The practice was aware of patient concerns. The practice had tried to address the problems with access to appointments and had appointments which were bookable six weeks in advance, book on the day, urgent appointments and telephone consultations. Patients were able to book an appointment face to face, via the telephone (automated system 24 hours a day 7 days a week) and via internet (patient access).

All receptionists had received training regarding the different aspects of being a receptionist from dealing with confidentiality, how to speak to patients face to face and via the telephone, dealing with partially sighted patients and role play.

The practice had a triage system to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- There was a complaints policy and procedure and a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the waiting room and practice website.



## Are services responsive to people's needs? (for example, to feedback?)

- We found that written complaints were responded to with apologies to patients and complaints were reviewed. Complaints were discussed at meetings.

However, although we were told verbal complaints were dealt with immediately, there was no record kept of the complaints or any action taken as a result.

# 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 described their aim in their statement of purpose to provide general medical services to their practice population. There were monthly business meetings. We were advised most of the business planning had been with regards to the new premises but there were no formal business plans available to us.

### Governance arrangements

The arrangements to monitor and improve quality and identify risk needed improving. Evidence reviewed demonstrated that the practice had:-

- A clear organisational structure but not all staff were aware of each other's roles and responsibilities.
- Practice policies that all staff could access on the computer system. However, these were not dated or version controlled to check any updates.
- Not completed some risk assessments to monitor safety of the premises required by health and safety legislation such as control of substances hazardous to health (COSHH), display screen risk assessments for staff and disabled access.
- Some monitoring systems in place but the management and records for this required improvement for example, monitoring verbal complaints, monitoring patient safety alerts, monitoring uncollected prescriptions and monitoring fridge temperatures.
- The practice did not monitor or record any action taken as a result of a verbal complaint.
- Methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information. Meetings were planned and regularly held including: monthly clinical meetings when all clinicians attended. Other meetings included: monthly palliative care meetings with other healthcare professionals and monthly administration team meetings and performance meetings. However, administration meetings were not documented and minutes from clinical meetings were kept on the computer system but not circulated to staff to promote shared learning.
- Staff had access to protected learning time and received regular appraisals. Staff meetings included training and guest speakers were often invited.

- Analysed incidents but improvements were required to engage all staff to actively report all types of incidents and to improve the cascading of learning outcomes.
- Used audits which demonstrated an improvement on patients' welfare. For example, medication audits, minor surgery audits and clinical audits. However, the practice would benefit from having a structured plan for audit work.

### Leadership, openness and transparency

Staff felt supported by management. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues with the practice manager or GPs and felt confident in doing so. The practice had a whistleblowing policy and all staff were aware of this.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems to ensure that when things went wrong with care and treatment. The practice gave affected people reasonable support, truthful information and a verbal and written apology.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service when possible.

- There was an established PPG and the practice had acted on feedback. For example, the practice had made information about support groups for dementia carers available. The PPG were part of a neighbourhood group of practices and attended regular meetings.
- The practice used the NHS Friends and Family survey to ascertain how likely patients were to recommend the practice.

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, administration staff had raised concerns with the noise levels at their desks near the front of reception and the practice had redesigned the administration area.

# Are services well-led?

Requires improvement 

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

## Continuous improvement

The practice team took an active role in locality meetings. Clinicians kept up to date by attending various courses and

events. The practice was looking at ways to maximise the use of the new premises for patients and were moving their appointment system to having more on the day appointments available.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance <ul style="list-style-type: none"><li>The provider had not completed some risk assessments to monitor safety of the premises required by health and safety legislation such as control of substances hazardous to health (COSHH), display screen risk assessments for staff and disabled access.</li><li>Monitoring systems for quality assurance and safety, and related records, required improvement for example, monitoring and recording information about verbal complaints, monitoring patient safety alerts, monitoring uncollected prescriptions, monitoring patient group directives for vaccinations and monitoring fridge temperatures.</li></ul> Regulation 17(2) (f) Regulation 17(2) (f)
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints <p><b>The practice had not treated verbal complaints in the same way as written complaints . There were no monitoring systems or records of any actions taken as a result of verbal complaints.</b></p>