

# Eastfield House Surgery

## Quality Report

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

### Ratings

Overall rating for this service	Requires improvement	
Are services safe?	<b>Requires improvement</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>Good</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 at Eastfield House Surgery on 2 June 2015. Overall the practice is rated as requires improvement.

Specifically, we found the practice to require improvement for providing safe and effective services. It also required improvement for providing services for the all population groups as the concerns we identified relate to all these groups. It was good for providing caring, responsive and well-led services.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety including incidents and complaints was recorded, but was not always investigated and acted on to ensure improvements to safety and effectiveness were made.

- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks. There were minor concerns regarding the management of medicines.
- Data showed patient outcomes were average for the locality. Although some audits had been carried out, we saw limited evidence that audits were driving improvement in performance to improve patient outcomes.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Availability of appointments for advanced or routine booking was excellent.
- Urgent appointments were usually available on the day they were requested, although patient feedback suggested that same day appointments were sometimes difficult to book.

# Summary of findings

- The practice had a number of policies and procedures to govern activity, but they were sometimes difficult to locate or not complete.
- The practice held regular governance meetings and issues were also discussed at ad hoc meetings.
- The practice had proactively sought feedback from staff or patients.
- The Patient Participation Group (PPG) was a virtual group which was consulted with but had no direct involvement in the running of the service.

We saw one area of outstanding practice including:

- A cardiovascular clinic was provided onsite meaning patients who needed this service did not have to travel to local hospitals.

However there were areas of practice where the provider needs to make improvements

The areas where the provider must make improvements are:

- Review the process for investigating and implementing change from incidents, significant events and complaints to ensure objective clinical review is undertaken and actions are completed.
- Update procedures for checking medicines, specifically those in GPs home visit bags.
- Provide a process for checking blank prescription forms are always used appropriately.
- Undertake a full risk assessment for legionella and any programme of testing required
- Ensure appropriate staff background checks are undertaken and information required under the regulations is kept by the practice.
- Ensure protocols and policies are understood by staff and used consistently across the practice.

The areas the provider should make improvements are:

- Ensure safeguarding procedures are reviewed by staff so they are aware who to contact within the practice and externally.
- Develop a clear programme of audit used to identify and drive clinical improvement and outcomes for patients.
- Ensure staff are able to follow the principles of the Mental Capacity Act 2005.

**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 requires improvement for providing safe services as there are areas where it should make improvements. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong, reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement. Some risks to patients who used services were assessed. However, recruitment checks were not adequate. Medicines management processes did not ensure the safe use of medicines or that prescriptions could only be generated by authorised personnel. Emergencies were planned for such as medical emergencies, adverse weather and pandemics.

Requires improvement



### Are services effective?

The practice is rated as requires improvement for providing effective services. . There was guidance on assessing capacity, but not all staff were aware of how to follow the Mental Capacity Act to provide care when someone lacked capacity to consent to it. There were audits undertaken which led to improvements, but these were minimal and there was no overall programme of clinical audit. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation The practice promoted healthy lifestyles. Training was delivered and where it was needed there was a plan to deliver it. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

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

Good



### 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 ensured improvements to services where these were identified. Patients said

Good



# Summary of findings

they found it easy to make an appointment with a named GP and that there was continuity of care. There were ample advanced appointments available and patient feedback suggested this worked well. Some patient feedback suggested difficulty with urgent appointment booking for the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

The practice is rated as good for being well-led. The practice had a number of policies and procedures to govern activity but some were not appropriate and some were difficult to locate. Monitoring of the service identified risks and the practice managed most of them. There was a vision and a strategy which was embedded in the daily running of the practice. There was clear leadership structure and most staff felt supported by management. Governance meetings were held regularly. The practice proactively sought feedback from patients and a virtual patient participation group (PPG). All staff had received inductions and all staff had received regular performance reviews or attended staff meetings and events.

Good



# 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. We found concerns regarding safety and effectiveness which affected this population group. Not all staff had appropriate background checks to ensure they were safe to work with vulnerable adults. Events which could identify potential improvements to the service did not always lead to action to improve safety or effectiveness. Only limited audits were used to drive improvements to clinical outcomes for older patients. 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, and offered home visits and rapid access appointments for those with enhanced needs. Patients had a named GP.

Requires improvement



### People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. We found concerns regarding safety and effectiveness which affected this population group. Not all staff had appropriate background checks to ensure they were safe to work with patients. Events which could identify potential improvements to the service did not always lead to action to improve safety or effectiveness in the care of chronic conditions. Only limited audits were used to drive improvements to clinical outcomes for patients with long term health conditions. Nursing staff 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 named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



### Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. We found concerns regarding safety and effectiveness which affected this population group. Not all staff had appropriate background checks to ensure they were safe to work with vulnerable adults, young people and children. Events which could identify potential improvements to the service

Requires improvement



# Summary of findings

did not always lead to action to improve safety or effectiveness in the care of this population group. Only limited audits were used to drive improvements to clinical outcomes for patients. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

## **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). We found concerns regarding safety and effectiveness which affected this population group. Not all staff had appropriate background checks to ensure they were safe to work with patients. Events which could identify potential improvements to the service did not always lead to action to improve safety or effectiveness in care. Only limited audits were used to drive improvements to clinical outcomes for patients. 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. Pre-bookable appointments were freely available. There was some difficulty identified from patient feedback in booking on the day appointments.

**Requires improvement**



## **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. We found concerns regarding safety and effectiveness which affected this population group. Not all staff had appropriate background checks to ensure they were safe to work with vulnerable patients. Events which could identify potential improvements to the service did not always lead to action to improve safety or effectiveness. Only limited audits were used to drive improvements to clinical outcomes. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. It had carried out annual health checks for people with a

**Requires improvement**



# Summary of findings

learning disability and but the recording of these patients having a single formal health check was low. The practice accounted for the remaining patients who had not had a health check up. It offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). We found concerns regarding safety and effectiveness which affected this population group. Not all staff had appropriate background checks to ensure they were safe to work with vulnerable adults and children. Events which could identify potential improvements to the service did not always lead to action to improve safety or effectiveness. Only limited audits were used to drive improvements to clinical outcomes for patients. National data showed 80% of people experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

**Requires improvement**





# Summary of findings

## What people who use the service say

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey 2015 of 113 patients.

The evidence from all these sources showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. In the national survey 93% said their GP gave them enough time and 99% said the same of nurses. The practice survey found 72% rated their GP as excellent in putting them at ease.

Patients completed CQC comment cards to tell us what they thought about the practice. We received 25 completed cards and the majority were positive about the service experienced. Patients said they felt the practice offered a caring service and staff treated them with respect and dignity. The 12 patients we spoke with told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Data from the national patient survey showed 89% of patients felt their GP treated them with care and concern and 95% felt nurses did also.

Ten of the 11 patients who responded to the practice survey said they found the receptionists at the practice helpful. On the national survey 96% of respondents said receptionists were helpful.

Ninety four per cent of respondents to the national survey said the last GP they saw or spoke to was good at explaining tests and treatments and 99% said the same about nurses. Eighty four per cent of patients said the last GP they saw or spoke to was good at involving them in decisions about their care 95% reported the same of nurses. There were no negative responses regarding involvement in patients' care on the practice's survey.

The patient survey information we reviewed showed patients responded positively to questions about access

to appointments and generally rated the practice well in these areas. For example, 87% were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 76%. Ninety six per cent described their experience of making an appointment as good compared to the CCG average of 78% and national average of 74%. Seventy two per cent said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 64% and national average of 65%. Ninety five said they could get through easily to the surgery by phone compared to the CCG average of 76% and national average of 72%.

We spoke with 12 patients and received 25 comments cards. Patients were satisfied with the appointments system and said it was easy to use. Most they confirmed that they could see a doctor on the same day if they felt their need was urgent although this might not be their GP of choice. Comments received from patients also showed that patients in urgent need of treatment had often been able to make appointments on the same day of contacting the practice. However, two patients reported that they had not been able to make an urgent appointment on the same day. They also said they could see another doctor if there was a wait to see the GP of their choice.

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. Patient feedback on the comment cards we received was also positive and aligned with these views.

# Summary of findings

## Areas for improvement

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

- Review the process for investigating and implementing change from incidents, significant events and complaints to ensure objective clinical review is undertaken and actions are completed.
- Update procedures for checking medicines, specifically those in GPs home visit bags.
- Provide a process for checking blank prescription forms are always used appropriately.
- Undertake a full risk assessment for legionella and any programme of testing required
- Ensure appropriate staff background checks are undertaken and information required under the regulations is kept by the practice.

- Ensure protocols and policies are understood by staff and used consistently across the practice.

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

- Ensure safeguarding procedures are reviewed by staff so they are aware who to contact within the practice and externally.
- Develop a clear programme of audit used to identify and drive clinical improvement and outcomes for patients.
- Ensure staff are able to follow the principles of the Mental Capacity Act 2005

## Outstanding practice

- A cardiovascular clinic was provided onsite meaning patients who needed this service did not have to travel to local hospitals.

# Eastfield House Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP, practice nurse and a CQC inspector.

## Background to Eastfield House Surgery

Eastfield House Surgery is located near the town centre of Newbury. 12,600 patients are registered with the practice. The practice premises were purpose built approximately 20 years ago. The building was recently expanded to provide new consultation rooms. Patients are registered from the town and local area. The practice population has patients in local care homes, schools and a homeless shelter. There is minimal deprivation according to national data. The proportion of patients with a long standing health condition is 38% compared to 54% nationally.

The practice is open from 8am to 6.30pm. Extended hours appointments are available two evenings a week and frequently on Saturday mornings.

Care and treatment is delivered by nine GPs, with four male and five female GPs, four practice nurses, a health care assistant and a care coordinator. There is a management team, administration and reception staff.

The practice is a member of Newbury and district Clinical Commissioning Group. The practice had a General Medical Services (GMS) contract. GMS contracts are directly negotiated between the General Medical Council and the practice.

We visited Eastfield House Surgery, 6 St Johns Road, Newbury, RG14 7LW as part of this inspection.

The practice has opted out of providing out-of-hours services to its own patients. There are arrangements in place for patients to access care from an out-of-hours provider and NHS 111.

The practice did not have a registered manager at the time of this inspection but an application to add one had been received in April 2015.

## 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. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, Regulated Activities Regulations 2014, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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

Before visiting we checked information about the practice such as clinical performance data and patient feedback. This included information from the clinical commissioning

# Detailed findings

group (CCG), local Healthwatch, NHS England and Public Health England. We visited Eastfield House Surgery on 2 June 2015. During the inspection we spoke with GPs, nurses, members of the management team, a member of the patient participation group, administration and reception staff. We obtained patient feedback from speaking with patients, comment cards, the practice's surveys and the GP national survey. We looked at the outcomes from investigations into significant events and audits to determine how the practice monitored and improved its performance. We checked to see if complaints were acted on and responded to. We looked at the premises to check the practice was a safe and accessible environment. We looked at documentation including relevant monitoring tools for training, recruitment, maintenance and cleaning of the premises.

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

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

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

# Are services safe?

## Our findings

### Safe track record

The practice used some information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. An incident book was used by staff to record any incidents which occurred. Staff would also report any significant incidents or events to the manager. The incident book was monitored frequently and the manager told us they would look for trends in these incidents from which significant events might emerge and be investigated. We saw minutes from a meeting in February 2015 where all the incidents in this log, plus any significant events and complaints were discussed in meetings with relevant staff. However, we saw incidents over two months old which did not have any discussion or action of the incident noted. There was a risk that any action required from these events to improve safety was not acted on promptly.

Medicine and safety alerts were disseminated to staff by a lead staff member. Any safety alerts regarding patients were put onto patients' records.

### Learning and improvement from safety incidents

The practice had a system in place for reporting and recording significant events. We reviewed records of six significant events that had occurred during 2015 to understand the process for reviewing these. Three significant events related to specific care and treatment received by patients. We saw there had been investigation and discussion among the partners.

Complaints which had led to significant event analysis were reported and reviewed in the same way. However, the analysis of four of these events did not lead to clear action as how the service could improve as a result. Two significant events which occurred in March and April had not been discussed by partners and no investigation or action was noted. Following the inspection the practice informed us they were due to be discussed in July when the periodic review of complaints was due. There was no evidence that the any action required from these concerns had been identified promptly. Significant events and complaints which related to a specific GP were invested by

the practice manager and the same GP. The outcome of these complaints regarding clinical care had no objective clinical review in four complaints we reviewed. There was evidence that the practice had learned from some significant events but implementing change was not clearly defined or planned.

### Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that all staff had received relevant role specific training on safeguarding children. However, not all staff had received training in safeguarding vulnerable adults. According to the training log this included some nurses. The practice manager was aware of this and had booked safeguarding adults training in August 2015. Members of nursing staff and GPs we spoke with were able to tell us about potential identifiers for abuse and actions they should take. One staff member stated they had reported a child safeguarding concern. Staff had received domestic violence training in 2014. Nurses and reception staff told us they would report safeguarding concerns regarding a patient to the patients' GP. We saw policies stored on the practice's shared computer drive. There was also a whistleblowing policy available for staff. This did not include the rights and protection whistleblowers have. Neither did it include which organisations could be contacted depending on the concern staff may have.

The practice had appointed dedicated GPs as leads in safeguarding vulnerable adults and children. Not all staff we spoke with were aware who these leads were, but they were clear about the need to report concerns with a GP.

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 active engagement in local safeguarding procedures and effective working with other relevant organisations including district nurses and the local authority. The practice manager conducted an audit of young patients with child protection alerts on the records system against the information held by the local social care team. This identified discrepancies and enabled the database to be updated. The practice worked with local

# Are services safe?

care homes to try and ensure there was a record of patients subject to deprivation of liberty orders (DoLs), where patients may be restricted on the basis of best interest decisions to help protect them from harm.

There was a chaperone policy, which was visible on the waiting room noticeboard 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). All nursing staff had been trained to be a chaperone and they were the only staff who performed this role. Not all staff undertaking chaperone duties had received Disclosure and Barring Service (DBS) checks. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

## Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. Records showed room temperature and fridge temperature checks were carried out daily which ensured medicine was stored at the appropriate temperature. There were measures to reduce the risk of fridges becoming detached from the power supply.

Processes were in place to check medicines were within their expiry date and suitable for use. Records showed medicines were checked weekly for expiry dates and medicine storage audits were carried out monthly. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

We inspected two GP's 'doctor's' bags use on home visits that were carrying emergency medicines and controlled drugs. We found one medicine expired recently but doctor was aware of this and was carrying replacement in his bag and removed the expired product immediately. A GP showed us expiry dates monitoring records. Only GPs bags contained controlled drugs onsite.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were not handled in accordance with national guidance as

these were not tracked through the practice or logged upon receipt. Prescription forms were locked in consultation rooms except for some stored in a printer at reception. These were left in the printer overnight. GPs told us about how the practice reviewed prescribing data. For example, patterns of antibiotic prescribing had been undertaken. The prescribing of anti-biotics was not above national targets and was appropriate. The practice had systems in place to monitor the prescribing of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). A Controlled drug was carried by senior partner in his doctor's bag within a locked tin but the bag was not checked routinely by anyone else in the surgery. The controlled drugs register showed appropriate entries for receiving, prescribing and destroying controlled drugs. It was witnessed from the register that a controlled drug was last used 10 years ago.

The nurses used Patient Group Directions (PGDs) to administer vaccines and other medicines that had been produced in line with legal requirements and national guidance. The health care assistant administered flu and pneumonia vaccines and other medicines (like Vitamin B12 injections) using Patient Specific Directions (PSDs) that had been produced by the prescriber. We saw evidence that nurses and the health care assistant had received appropriate training and been assessed as competent to administer the medicines referred to either under a PGD or in accordance with a PSD from the prescriber.

## Cleanliness and infection control

We observed the premises to be clean and tidy. We saw there were cleaning schedules in place and spot checks were undertaken by staff, but these were not recorded. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

An infection control policy and supporting procedures were available for staff to refer to. For example, personal protective equipment including disposable gloves, aprons and coverings were available for staff to use and staff were able to describe how they would use these to comply with the practice's infection control policy. Clinical waste bins were locked and but were not secured to prevent them

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from being removed. All disposable curtains were in date in all treatment and consulting rooms. Waste bins were foot operated in treatment rooms to maintain hygiene standards.

Receptionists told us they were receiving specimens from patients. The regional infection control lead had been asked by the practice to review their infection control procedures. This led to changes in order to work towards best practice. For example, a product was introduced to the practice to dispose of urine specimens safely.

There was also a policy for needle stick injury and staff knew the procedure to follow in the event of an injury. Sharp bins for disposal of used sharps were stored in the cleaning cupboard due to delay in routine collection.

The practice had a lead for infection control. Staff received on infection control specific to their role and received annual updates. We saw evidence that the lead had carried out audits twice, the most recent in May 2015, and that any improvements identified for action were completed on time. All nurses we spoke with told us they were immunised for Hepatitis B.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Waste bins were not foot operated in staff and public toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

The practice had not undertaken a full risk assessment for legionella and no testing on water supplies was undertaken.

### 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 there was a log which indicated when the equipment had last been tested. We saw evidence of calibration of relevant equipment. For example weighing scales, spirometers and blood pressure measuring devices had been calibrated.

### Staffing and recruitment

The practice had a recruitment policy that set out the standards it followed when recruiting clinical and

non-clinical staff. We reviewed staff records and saw most appropriate recruitment checks had been undertaken prior to employment. However, two partners employed within the last two years did not have any proof of references from previous healthcare providers on their record. The senior partner confirmed references had been sought verbally when they were employed and the staff were very familiar to the partners at the practice. A staff check list was available listing which checks were required for clinical staff. Staff registrations with the General Medical Council and Nursing and Midwifery Council were checked annually. Disclosure and Barring Service (These 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) were listed. However, two members of nursing staff did not have a DBS check. The practice manager requested all staff to sign a declaration of their hepatitis B immunity status. The practice recognised that they needed to check the evidence for their staff by requesting hepatitis B vaccination records. Only five of the 15 clinical staff had provided records to the practice.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. We saw there was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. This included a buddy system to ensure planning for absences took place. The use of locum cover was minimal. The senior partner explained that an absence of a GP partner had been covered by rearranging the rota system and ensuring that no backlog of tasks occurred. Staff said the system worked well.

### Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included regular checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment. Health and safety information was displayed for staff.

Identified risks were assessed and managed. For example, there was a fire risk assessment. There was a

## Are services safe?

corresponding plan for fire drills and testing of emergency lighting. There was a Control of Substances Hazardous to Health (COSHH) record of cleaning equipment stored in the practice.

### **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 in cardiac emergencies). When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly.

Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. 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.

A business continuity plan was in place including an ability to work from a different practice if the premises were lost. There was reference to pandemic outbreaks, such as flu. There was also planning for weather conditions such as snow and contact details for vulnerable patients who may need prioritising in the event of an emergency.



# 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. We saw that guidance from local commissioners was readily accessible in all the clinical and consulting rooms.

For example, we saw protocols for the care of dementia and diabetes and these referred to NICE guidelines. A nurse we spoke with explained how the clinical pathway used for diabetes had been reviewed within the last month. Staff we spoke with all demonstrated a good level of understanding and knowledge of NICE guidance and local guidelines.

Staff described how they carried out comprehensive assessments which covered all health needs and was in line with these national and local guidelines. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective.

The practice provided patients with a named GP and staff told us this provided continuity in planning and delivering patient care. Feedback from patients indicated they were satisfied with the care they received from their GPs and the practice. The practice undertook an enhanced service (a service beyond that expected within their contractual obligations) to provide care plans for patients deemed at risk of unplanned admissions to hospital or other services. The practice worked with 205 patients, their families and carers in implementing these plans. Staff spoke about the ongoing follow up and monitoring of these patients. The practice undertook follow up reviews of any patient admitted to hospital over the age of 75, even those who were not part of the enhanced service planning. This was to review their care and identify any needs which the practice could meet.

The GPs told us they led in specialist clinical areas such as diabetes and heart disease. Clinical staff we spoke with were open about asking for and providing colleagues with advice and support. GPs told us this supported all staff to review and discuss new best practice guidelines, for example, for the management of respiratory disorders. We saw clinical care planning and patient outcomes were

discussed at meetings from minutes we reviewed. An external diabetic consultant was involved in the care of diabetic patients to ensure that their care was appropriate and met best practice guidelines.

The practice undertook checks to be able to plan for patients at risk of conditions such as diabetes and dementia. For example, 135 patients were deemed at risk of developing dementia in 2014/15 and 138 patients were screened for the condition. GPs told us they identified patients at risk of developing diabetes, sometimes referred to as 'pre-diabetes'. This enabled the practice to monitor these patients and in some cases reduce the risk of these health conditions developing.

Discrimination was avoided when making care and treatment decisions. Interviews with GPs, nurses and non-clinical staff 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

Information about people's care and treatment, and their outcomes, was routinely collected and monitored and this information used to improve care. Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, and managing child protection alerts and medicines management. The information staff collected was then collated by the practice manager and deputy practice manager to support the practice to carry out clinical audits.

The practice showed us some clinical audits that had been undertaken in the last year. We saw an audit of anti-biotic prescribing for the treatment of urinary tract infections (UTIs) this was a completed audit where the practice was able to demonstrate the changes resulting since the initial audit. There was also auditing of patients on repeat prescriptions which identified anyone who overdue a review of their medicines. The practice identified a number of these patients and implemented an action plan to ensure medicine reviews were undertaken. GPs told us this had drastically reduced the number of overdue medicine reviews. However, we were shown only two completed audits in the practice which indicated learning outcomes, action and checking that action was completed. There was

# Are services effective?

## (for example, treatment is effective)

no clear programme whereby audit was used to identify and drive clinical improvement and outcomes for patients. GPs explained that they regularly discussed audit outcomes, even if outcomes were not recorded.

We saw an audits linked to medicines management information and the quality and outcomes framework (QOF). (QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures). Auditing of prescribing showed the practice was performing within local prescribing protocols.

The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. This practice was not an outlier for any QOF clinical targets. It achieved 98% of the total QOF target in 2015. In 2014 it was above the national average of 94% with 99% total QOF points. Exception reporting in 2014 was within expected levels (exceptions can be made when guidance may not be followed due to individual circumstances, such as patients multiple and complex health problems). The practice used QOF to identify potential improvements to patient care. For example, although the care of diabetes was not an outlier in 2014 QOF results, the practice wanted to improve outcomes for diabetics. They reviewed their diabetic clinical pathway and worked with a local diabetes consultant to identify improvements in diabetic care.

The practice checked all routine health checks were completed for long-term conditions such as diabetes and that the latest prescribing guidance was being used. The IT system flagged up relevant medicines alerts when the GP was prescribing medicines. The practice had used referral data 18 months before the inspection to review their performance on referring patients. In house referral was used where possible, if GPs had specific expertise to reduce the need for external referrals.

The practice had made use of the gold standards framework for end of life care. It had a palliative care register (at the time of inspection 24 patients were listed on the register) and had regular internal as well as multidisciplinary meetings to discuss the care and support needs of patients and their families. Planning for patients on the register included preferred place of death, preferences or clinical decisions on resuscitation and these notes were shared with out of hours services.

### Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. There was a training log used to identify staff training needs. The practice manager explained that a new nationally recognised training system was being installed and would be made available to staff in the coming weeks. Therefore some training identified on the practice training log was not up to date as the manager wanted staff to undertake the new standardised training when available.

We noted a good skill mix among the doctors with specialised expertise such as dermatology and diabetes. 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).

All staff undertook annual appraisals that identified learning needs from which action plans were documented. Our interviews with staff confirmed that the practice was proactive in providing training and funding for relevant courses. Nurses stated they could undertake courses externally. They also said there were regional study days and support groups where nurses could share practice.

Practice nurses and health care assistants had job descriptions outlining their roles and responsibilities and provided evidence that they were trained appropriately to fulfil these duties.

### 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 policy outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues arising from these communications. Out-of hours reports, 111 reports and pathology results were all seen and actioned by a GP

# Are services effective?

(for example, treatment is effective)

promptly. Discharge summaries and letters from outpatients were usually seen and actioned on the day of receipt. The GP who saw these documents and results was responsible for the action required.

Emergency hospital admission rates for the practice were low at 269 per 1000 population for the whole year ending 2013 (national average 906). The number of Emergency Admissions for patients with 19 different health conditions was under 7% compared to the national average of 14%. The practice held multidisciplinary team meetings to discuss patients with complex needs. For example, these meetings were attended by district nurses, social workers, palliative care nurses and decisions about care planning were documented in a shared care record. We spoke with a district nurse based at the practice who said staff communicated well about patients' needs and provided information when necessary to ensure joint working took place.

## Information sharing

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

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

## Consent to care and treatment

We found that staff were aware of the Mental Capacity Act 2005. GPs knew when and how to use the Act if patients potentially lacked capacity to make a decision. There was a protocol to assist staff in using the Act. However, some nurses were not clear on the principle of undertaking best interest decisions, despite there being a protocol available. There was a process for making do not attempt resuscitation orders and this reflected the principles of the Act.

Consent was sought for specific procedures such as minor surgery. Where written consent was not noted, there was a means of recording verbal consent on the patient record system. Staff understood the Gillick Competency principles of obtaining consent from a patient under 16 years of age.

## Health promotion and prevention

It was practice policy to offer a health check to all new patients registering with the practice. The GP was informed of all health concerns detected and these were followed up in a timely way. We noted a culture among the GPs to use their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, smoking cessation advice was given to 1432 smokers and 136 (9.5%) smokers stopped smoking. Chlamydia screening was offered to 66 patients. Seven per cent of the practice population was at the age range deemed most at risk of chlamydia. Cervical screening was offered to 822 patients in 2014/15. By the end of 2013/14 the practice had achieved 96% screening rate, well above the target of 80%. A health care assistant had responsibility for following up patients who did not attend. The practice also encouraged its patients to attend national screening programmes for bowel cancer and breast cancer screening. Bowel cancer screening was carried out on 612 patients between 2013 and 2015. The breast screening programme was on-going and the total figures were not available.

The practice had 78 patients with learning disabilities on a register. Of these 35% had an annual health check recorded in line with the learning disabilities enhanced service. Where patients did not receive an annual health the practice accounted for these patients. There were reasons such as the patients were in frequent contact with their GP or the practice had attempted to see the patients but not all were able to attend or did not show for appointments. There was a register of 103 mental health and 82 (80%) annual health checks were done in the last 12 months.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Last year's performance was above average for the majority of immunisations where comparative data was available. For example. Flu vaccination rates for the over 65s were 83%, and at risk groups 59%. These were above national averages of 73% and 52% respectively. Childhood immunisation rates for

# Are services effective?

(for example, treatment is effective)

the vaccinations given to under ones were 93% which was above CCG average of 90%, under twos were 93% which was similar to CCG average and five year olds were 93% but no data was available for comparison.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey 2015 of 113 responses. The most recent practice survey data was from early 2014 so this was not included in the report. The evidence from this source showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. In the national survey 93% said their GP gave them enough time and 99% said the same of nurses. Staff we spoke with understood and respected patients' cultural, social and religious needs, and do they take these into account.

Patients completed CQC comment cards to tell us what they thought about the practice. We received 25 completed cards and the majority were positive about the service experienced. Patients said they felt the practice offered a caring service and staff treated them with respect and dignity. The 12 patients we spoke with told us they were satisfied with the care provided by the practice and said their dignity and privacy was 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 at the reception desk but there was a policy of not mentioning patients' names when taking calls.

On the national survey 96% of respondents said receptionists were helpful.

We noted that staff were compassionate and empathetic in their approach to care. The ethos of patient centred care was evident in discussions with all staff. For example, a GP who worked at a local hospital was known to visit any of the practice's patients who were inpatients at the hospital.

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

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. Ninety four per cent of respondents to the national survey said the last GP they saw or spoke to was good at explaining tests and treatments and 99% said the same about nurses. Eighty four per cent of patients said the last GP they saw or spoke to was good at involving them in decisions about their care 95% reported the same of nurses.

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. Patient feedback on the comment cards we received was also positive and aligned with these views.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. We saw that care planning involved patients and noted preferences and wishes.

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

The patient survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area. For example, data from the national patient survey showed 89% of patients felt their GP treated them with care and concern and 95% felt nurses did also.

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

Notices in the patient waiting room and on the website told patients how to access a number of support groups and organisations. The practice had a carer register available to reception and clinical staff. We were shown the written

## Are services caring?

information available for carers to ensure they understood the various avenues of support available to them. There was a bereavement support service advertised in the waiting area.

# 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. GPs spoke of local services they supported such as a homeless shelter, care homes and schools. GPs were allocated to these services to provide consistency for patients using the services. Staff were aware of ethnic diversity within the local population. Two local schools received weekly visits by GPs from the practice.

The practice considered patient's preferences and needs in the planning of the service, and responded positively where changes were needed. Choices of female or male GPs were offered to patients. A cardiovascular clinic was run onsite meaning patients did not have to travel to local hospitals for this service. The premises had recently been extended to meet increases to the patient population. This had taken up some of the car park. Therefore the practice successfully campaigned for free parking (for up to two hours) on the road outside the surgery for patients travelling by car. The car park offered disabled parking.

### Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. For example, longer appointment times were available for patients with learning disabilities. There was a carers' register to identify patients who may need additional support or priority when booking appointments. The majority of the practice population were English speaking patients but access to online and telephone translation services were available if they were needed.

The premises and services had been designed to meet the needs of people with disabilities. The practice was accessible to patients with mobility difficulties as facilities were all on one level. The consulting rooms were also accessible for patients with mobility difficulties and there were access enabled toilets and baby changing facilities. The access from the car park had been modified to ensure wheelchairs could access the premises.

Staff told us they would ensure anyone who had "no fixed abode" would be able to see a GP and if necessary would be registered using the practice address. There was a system for flagging vulnerability in individual patient records. The practice had provided some staff with equality and diversity training through e-learning.

### Access to the service

The surgery was open from 08:00 to 18:30 Monday to Friday. The surgery was closed on bank and public holidays and it was advised to call 111 for assistance during this time. Appointments were available from 08:10 am to 6pm on weekdays. The surgery was open one late evening (6.30pm - 7.50pm) on either a Tuesday or a Wednesday and one early morning (7.10am - 8.00am) on either a Thursday or a Friday. The surgery was also opened for extended hours on three Saturdays during June 2015 from 8am-12pm.

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.

Longer appointments were also available for older patients, those experiencing poor mental health, patients with learning disabilities and those with long-term conditions. This also included appointments with a named GP or nurse. Home visits were made to local care homes and to those patients who were housebound or too ill to go out but it was advised to dial in before 10:30am so doctors planned their rounds and avoid unnecessary delays.

The patient survey information we reviewed showed patients responded very positively to questions about access to appointments and generally rated the practice amongst the best in their locality in these areas. For example, 87% were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 76%. Ninety six per cent described their experience of making an appointment as good compared to the CCG average of 78% and national average of 74%. Seventy two per cent said they usually waited 15 minutes or less after their appointment time compared to the CCG

# Are services responsive to people's needs?

(for example, to feedback?)

average of 64% and national average of 65%. Ninety five said they could get through easily to the surgery by phone compared to the CCG average of 76% and national average of 72%.

We spoke with 12 patients and received 25 comments cards. Patients were satisfied with the appointments system and said it was easy to use. Most they confirmed that they could see a doctor on the same day if they felt their need was urgent although this might not be their GP of choice. Comments received from patients also showed that patients in urgent need of treatment had often been able to make appointments on the same day of contacting the practice. However, two patients reported that they had not been able to make an urgent appointment on the same day. We looked at the appointment system and saw routine appointments with a named GP could be booked in advance. There was ample availability of advanced named GP appointments.

## **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. The practice manager the designated person who handled complaints in the practice.

We saw that information was available to help patients understand the complaints system in the practice leaflet and online. This included information on how to escalate a complaint externally if a patient was not satisfied with the outcome provided by the practice. Responses to patients included reference to the health ombudsman and NHS England as means of complaining externally.

We looked at four complaints received in 2015 and found they were investigated and responded to. Complaints were only reviewed by the GP they were related to and the practice manager, meaning there was a potential lack of clinical objectiveness in the review of complaints.

The practice reviewed complaints periodically in clinical team meetings and other meeting where relevant to different staff groups.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The service's website states that the practice was 'a traditional yet forward thinking GP practice and prides itself on giving a friendly and caring service of the highest standard'. Staff consistently placed patients at the centre of the services they delivered. The practice had a strategy and had proven its ability to deal with challenges. For example, the practice population had grown by 3,000 in recent years and the practice had taken action to deal with the additional demand. Additional consulting rooms had been built, successful recruitment of GPs and other staff and an increased appointment schedule had ensured the practice dealt with the demands. We saw evidence the practice's strategy was regularly reviewed at away days attended by the partners. These took place quarterly. There was succession planning in place for members of the leadership team who were planning on retirement. The practice had identified who would replace the members of the team approaching retirement.

### Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff on the desktop on any computer within the practice. We looked at several of these policies and procedures and found they were up to date. Staff were required to read a number of policies during their inductions, such as the confidentiality policy and health and safety information. However, some staff were not aware of the content of some of the policies, such as the Mental Capacity Act 2005 policy.

There was a clear leadership structure with named members of staff in lead roles. For example, there was a lead nurse for infection control and the senior partner was the lead for safeguarding. Where the practice required additional support it sought external expertise. For example the regional infection control lead was asked to support the practice in developing better infection control protocols. Staff were clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

The GPs and practice manager took an active leadership role for overseeing the systems used to monitor the quality of the service. This included using the Quality and

Outcomes Framework to measure its performance (QOF is a voluntary incentive scheme which financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures). The QOF data for this practice showed it was performing in line with national standards. We saw that QOF data was regularly discussed at monthly team meetings and action plans were produced to maintain or improve outcomes.

The practice also had some completed clinical audits which it used to monitor quality and systems to identify where action should be taken. But a programme of audit including recorded outcomes for staff to refer to was not in place. Incidents were reported and discussed among staff but not always responded to in a timely way to ensure prompt action was taken when necessary.

The practice identified, recorded and managed risks. It had carried out risk assessments where risks had been identified and action plans had been produced and implemented, for example there was a fire risk assessment and related protocols.

All staff attended meetings where governance issues were discussed. We looked at minutes

from these meetings and found that performance, quality and risks had been discussed.

We were shown the electronic staff handbook that was available to all staff, which included sections on equality and harassment and bullying at work.

### Leadership, openness and transparency

The partners were available to staff who told us that partners and the manager were approachable and always took the time to listen to them. Staff told us they were involved in discussions about how to run the practice and how to develop the practice.

The practice was open to areas of improvement. It had identified that there were problems with prescriptions and in working with local pharmacies. It invited representatives from the pharmacies to discuss problems and identified actions the practice could take to improve prescribing systems for its patients.

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

# Are services well-led?

Good 

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

The practice encouraged and valued feedback from patients. It had gathered feedback from patients through the patient participation group (PPG), surveys and complaints received. It had a virtual PPG and we spoke with a representative of the group. The PPG was used to undertake surveys and trial new services such as the online appointment system. The PPG was not a group that met with the practice leadership team to propose and discuss the running of the practice.

We saw analysis of the last patient survey in early 2014 which was an extensive survey covering many aspects of patient experience. The results and actions agreed from the surveys were available on the practice website. The friends and family test was advertised on the website and the results were published.

The practice had also gathered feedback from staff through appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

## **Management lead through learning and improvement**

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at four staff files and saw that regular appraisals took place which included a personal development plan. Staff told us that the practice was very supportive of training and that they had staff away days where guest speakers and trainers attended.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  Care and treatment was not provided in a safe way for service users because not all risks were assessed and not all action taken to mitigate those risks. Medicines were not always managed safely. Not all risks associated to the assessing and preventing of infection and healthcare associated infection were identified and acted on.  Regulation 12(1)(a)(b)(g)(h)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed  The provider had not ensure that all persons employed were of good character, had the competence which was necessary by way of internal processes and protocols and did not check the health of all staff in order for them to safely perform their roles. Not all information under Schedule 3 was available. Regulation 19 (1)(a)(b)(c)(3)(a)