

Dr Mannath Ramachandran

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?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

On 11 December 2014 we carried out an announced inspection of the surgery known as Dr Mannath Ramachandran, at Medic House, Ottawa Road, Tilbury, Essex under our new approach of inspection of primary medical services. The practice also has a branch surgery situated at the Appledore Centre, East Tilbury, Essex but we did not visit this as part of our inspection.

Specifically, we found the practice to be inadequate for providing safe services and required improvement for effective, responsive and well-led. It also required improvement for providing services for all of the population groups we looked at. It was good for providing a caring service.

Where, as in this instance, a provider is rated as inadequate for one or more of the five key questions or one or more of the six population groups it will be inspected no longer than six months after the initial rating is confirmed. If, after re-inspection, it has failed to make sufficient improvement, and is still rated as

inadequate for a key question or population group, we will place it into special measures. Being placed into special measures represents a decision by CQC that a service has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

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

- Practice staff were kind, caring and dedicated to providing high quality care and treatment.
- Patient's privacy and dignity was maintained.
- The system in place to manage medical emergencies in relation to medicines, equipment and training put patients at risk of unsafe care and treatment.
- Staff were unsure of whistleblowing and safeguarding procedures.
- Staff acting as chaperones had not received formal training and were unsure of the correct procedures to follow.
- Emergency medicines were not readily available and some were out of date. There was no oxygen available in the event of an emergency.

Summary of findings

- Learning from incidents and complaints was not routinely cascaded to staff.
- Effective consultations took place in line with published guidance.
- An effective recruitment policy and procedure was not in place or being followed.
- Governance arrangements were not robust and the services provided were not regularly monitored and assessed.
- Performance against key health objectives was being monitored and targets achieved.
- There was an ineffective leadership structure and the role of the practice manager was unclear.

There were areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure there are accessible and sufficient quantities of emergency medicines and equipment, in line with published guidance, at the main and branch surgery. Ensure that appropriate levels of staff are trained in its use. This includes a robust system for monitoring stocks and expiry dates of such medicines and equipment.
- Regularly assess and monitor the services provided and maintain records by undertaking clinical and non-clinical audits of the services they provide. This includes an infection control and health and safety audit.
- Identify, manage and assess risks to patients and others by carrying out a health and safety and legionella risk assessment.
- Review governance procedures to ensure oversight of clinical and non-clinical matters.

In addition the provider should;

- Include in their recruitment policy the job specific roles that require a Disclosure and Barring Service check and to risk assess those where a decision is made not to undertake one.
- Seek the views of patients about the services provided.
- Ensure that learning from safety incidents are cascaded to staff.
- Ensure that a system is in place to ensure that staff can display sufficient knowledge in relation to safeguarding, whistle blowing and Gillick competence (in relation to consent from children under the age of 16).

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as inadequate for providing safe services. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Some staff displayed a lack of understanding about safeguarding and whistle blowing procedures. Significant events, safety concerns and complaints were investigated by the GP but systems in place to cascade learning to staff from them were ineffective. Staff meetings rarely took place and those that did were informal and minutes were not recorded. Emergency medicines were not readily accessible to staff at all times and some were out of date. Some staff who had received basic life support training did not know how to use a defibrillator. Oxygen was not available for use in the event of an emergency. There was no health and safety policy that identified the risks to patients and staff at the practice. Infection control audits had not taken place. Medicines for immunisations were all stored correctly and fridge temperatures were being monitored. Clinical waste was disposed of correctly. Cleaning was monitored for quality purposes and checklists maintained. Staffing levels met the needs of patients. Recruitment and induction processes were not robust.

Inadequate



Are services effective?

The practice is rated as requires improvement for providing effective services. Data showed patient outcomes were at or above average for the locality. Intelligent monitoring data reflected that there was an elevated risk in improving outcomes for monitoring patients with diabetes and for providing flu vaccinations for the elderly. Staff referred to guidance from the National Institute of Health and Care Excellence (NICE) and used it routinely. People's needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Some staff had not received safeguarding, whistleblowing or chaperone training that was relevant to their role. Staff had received appraisals and learning and training needs had been identified. Clinical and non-clinical audits did not take place routinely to identify areas for improvement. Some staff were not clear about Gillick consent and how it related to children. Patients told us they were satisfied with the outcomes that had been achieved for their conditions. Multidisciplinary working was seen to be taking place.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services. Patients spoken with and comment cards we received, reflected that patients

Good



Summary of findings

were satisfied with the services provided. A patient survey about the practice as a whole had not been undertaken but a survey about the performance of the GP at the practice showed that patients were satisfied with the care that they provided. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information to help patients understand the services available was easy to understand. We also observed that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services. It reviewed the needs of its local population and engaged with the NHS Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients we spoke with generally found it easy to make an appointment with the GP and the nurse. The practice did not open in the evening or provide appointments out of normal office hours. There was continuity of care as there was only one GP. Urgent appointments were available the same day. Phone consultations and home visits took place when appropriate. The practice facilities were well equipped to treat patients and met their needs. Information about how to complain was not readily available to patients. Complaints were dealt with by the GP but the recording of them was inconsistent. We did not find evidence that the learning from complaints was shared with staff and other stakeholders. The practice could not respond to patient's views as there was no system in place to receive feedback from them.

Requires improvement



Are services well-led?

The practice is rated as requires improvement for being well-led. It had a vision but not all staff were aware of it and their responsibilities in relation to it. There was no future plan for the practice evident in the documents we viewed. There was a documented leadership structure and the GP held responsibility for all matters. The role and responsibilities of the practice manager were not clear in relation to governance and leadership. Governance was not the subject of regular review, and procedures and processes were not all effective. A range of policies were in place but this did not include a Health and Safety policy with an associated assessment of risk to patients and staff. There was no system of clinical and non-clinical audit and re-audit and consequently we discovered several issues requiring attention. These included the storage, availability and use of emergency medicines and equipment, cascading learning from incidents and complaints, knowledge of consent issues and the recording and use of chaperones. Patient views were not being sought about the services

Requires improvement



Summary of findings

provided in either a survey or by other means, although the practice had sought feedback about the GP as an individual. Staff feedback about the services provided was informally recorded. Team meetings were sporadic and minutes had not been recorded, although a staff note book was in place for them to use. Staff had received regular performance reviews and appraisals and felt supported by the management at the practice.

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 being caring and this includes this population group. The practice was rated as inadequate for safe and requires improvement for effective, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population. Patients with complex needs were monitored regularly. The practice was aware of the needs of older people, and offered home visits, telephone consultations and urgent appointments when necessary. Older people were offered seasonal vaccinations and the practice was pro-active in contacting them. Patients who had unplanned hospital admissions were followed up to ensure their on-going care met their needs. For those recently suffering bereavement there was a system in place to offer them appropriate support.

Requires improvement



People with long term conditions

The practice is rated as good for being caring and this includes this population group. The practice was rated as inadequate for safe and requires improvement for effective, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were emergency processes in place and referrals were made for patients whose health deteriorated suddenly. 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. Longer appointments and home visits were available when needed. Intelligent monitoring data up to March 2014 reflected that the practice presented an elevated risk because they were worse than average in relation to the monitoring of patients with diabetes.

Requires improvement



Families, children and young people

The practice is rated as good for being caring and this includes this population group. The practice was rated as inadequate for safe and requires improvement for effective, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were systems in

Requires improvement



Summary of findings

place to identify and follow up children who were at risk and these were monitored. The practice monitored their performance in relation to the national immunisation programme for children and was achieving their targets. Intelligent monitoring data up to March 2014 reflected that the practice was achieving their targets in relation to the national immunisation programme for children for child vaccinations although they were below the area average. Not all reception staff were aware of Gillick competence in relation to children aged 16 and under who may have the capacity to consent to care and treatment without a parent or guardian being present. Ante and post natal care was provided for mothers and young babies. Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

The practice is rated as good for being caring and this includes this population group. The practice was rated as inadequate for safe and requires improvement for effective, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice offered a full range of health promotion and screening that reflected the needs for this age group. There were no late evening appointments available for those patients who worked or unable to get to the practice during working hours.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as good for being caring and this includes this population group. The practice was rated as inadequate for safe and requires improvement for effective, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. Patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability were welcome at the practice. Annual health checks were undertaken for patients with a learning disability. Vulnerable patients were signposted to various support groups and voluntary organisations. Most staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to report suspected abuse.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as good for being caring and this includes this population group. The practice was rated as inadequate for safe and requires improvement for effective, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. Patients experiencing

Requires improvement



Summary of findings

poor mental health had received an annual physical health check and extra time was given to them for appointments. The practice signposted patients experiencing poor mental health to various support groups and voluntary organisations.

Summary of findings

What people who use the service say

Prior to our inspection patients were invited to complete comment cards about their views of the practice. We collected 10 cards that had been left for us and reviewed the comments made.

Patients were very complimentary about the GP, the nurse and the reception and administration staff. Areas that were praised included the kindness in the way care and treatment was provided, dignity and respect levels and the quality of the explanations about their care and treatment options. A few negative comments were received about the appointment system but the general theme was that patients had a positive experience when attending the practice.

We spoke with four patients on the day of our inspection. Most of the patients told us that they were satisfied with the GP, the nurse and other staff working at the practice. We were told that appointments were generally always available and they were rarely kept waiting. They told us

that explanations were clear and care and treatment was delivered to a satisfactory standard. Patients we spoke with all told us they had not ever been asked to provide feedback about the services provided.

The practice had not undertaken a patient survey in the last 12 months to seek feedback about the services provided as a whole. There was no evidence of one having taken place in the past.

A patient survey had been undertaken in April 2013 about the performance of the GP at the practice but this did not cover such areas as the appointment system, the quality of the nursing and reception staff, cleanliness and other clinical services that they provided. The GP survey covered the politeness of the GP, clarity of explanations, assessment of their condition and making patients feel at ease. The findings reflected that patients were satisfied with the quality of the service they received from the GP.

Areas for improvement

Action the service **MUST** take to improve

- Ensure there are accessible and sufficient quantities of emergency medicines and equipment, in line with published guidance, at the main and branch surgery. Ensure that appropriate levels of staff are trained in its use. This includes a robust system for monitoring stocks and expiry dates of such medicines and equipment.
- Regularly assess and monitor the services provided and maintain records by undertaking clinical and non-clinical audits of the services they provide. This includes an infection control and health and safety audit.
- Identify, manage and assess risks to patients and others by carrying out a health and safety and legionella risk assessment.

- Review governance procedures to ensure oversight of clinical and non-clinical matters.

Action the service **SHOULD** take to improve

- Include in their recruitment policy the job specific roles that require a Disclosure and Barring Service check and to risk assess those where a decision is made not to undertake one.
- Seek the views of patients about the services provided.
- Ensure that learning from safety incidents are cascaded to staff.
- Ensure that a system is in place to ensure that staff can display sufficient knowledge in relation to safeguarding, whistle blowing and Gillick competence (in relation to consent from children under the age of 16).

Dr Mannath Ramachandran

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a **CQC Lead Inspector**. The team included a GP specialist advisor, a practice manager specialist advisor and an expert by experience.

Background to Dr Mannath Ramachandran

The surgery known as Dr Mannath Ramachandran is also known as Medic House Surgery and is situated in Tilbury, Essex. The practice is one of 34 GP practices in the Thurrock Clinical Commissioning Group (CCG) area. The practice has a personal medical services (PMS) contract with the NHS.

Facilities at the practice include parking at the front and rear of the premises and there is a dedicated bay for those who are disabled. The practice is accessible by public transport.

There are approximately 2600 patients registered at the practice. There is also a branch surgery located at the Appledore Centre, East Tilbury, Essex but we did not visit there as part of this inspection.

There is one full time male GP working at the practice and one part-time female nurse. There is also a full time practice manager and several reception and administration staff. The practice uses locum GPs and nurses when the need arises. It is not a dispensing or a training practice.

Both the main and branch surgery are open each weekday and closed Thursday afternoons when patients are able to access medical advice through the 'out of hours' service.

Patients can choose whether they wish to be seen at the main or the branch surgery and GP sessions run each day at both locations. Both practices hold GP surgeries at different times during the week and the GP covers the majority of surgery sessions at both practices. A locum GP and nurse attend the branch surgery for one day each week. There are no extended surgery hours and both practices are closed at weekends.

The practice have opted out of providing 'out of hours' services to their own patients so patients contact the emergency 111 service to obtain medical advice outside of normal surgery hours.

Why we carried out this inspection

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

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

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we held about the practice and asked other organisations to share what they knew.

We then carried out an announced visit on 11 December 2014. During our visit we spoke with a range of staff including the GP, nurse, practice manager, reception and administration staff and spoke with patients who used the service. We observed how people were being cared for and talked with carers and/or family members and reviewed the policies, protocols and other documents used at the practice. Before we visited we provided comment cards for patients to complete about their experiences at the practice and we viewed them afterwards.

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. These 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 a range of information to identify risks and improve patient safety. National patient safety alerts were monitored and acted upon.

The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.

We reviewed significant events that had occurred and found that they had been investigated and areas for improvement identified and action taken to prevent reoccurrence. We did not find that these had been discussed regularly at staff meetings as they were infrequent and minutes had not been recorded. Staff were not able to display knowledge of such incidents.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events. The GP was the lead for investigating and analysing such events. We looked at the records held since January 2014 and found that three had been reported.

The records described the event that had taken place and the impact on patient safety, although on one record this had not been noted. An analysis had taken place, improvements identified and action suggested to prevent recurrence. Where staff at the practice were affected by the recommendation it was not clear whether they had been notified as there was an absence of staff meetings or other record to confirm this had taken place. There was no follow-up of the concern raised to ensure that all appropriate action had been taken.

Due to the infrequency of staff meetings and minutes not being taken, or any other method being used to inform staff, we were therefore not assured that learning for such significant events was being cascaded to staff at the practice. Some of the staff we spoke with were not aware of the significant events that had occurred at the practice and were not routinely involved in their analysis or sharing the knowledge from them.

A specific example of this was a significant event that occurred in July 2014 that had been analysed and investigated. The last staff meeting at the practice took

place in March 2014 and there had not been another up to our inspection. Therefore there was no audit trail to reflect that staff had been made aware of the learning from this incident.

The practice had a procedure for acting on national patient safety and medicines alerts. A responsible lead had been identified whose role was to disseminate and cascade the information received. This included National Institute for Health and Care Excellence (NICE) and NHS England guidance and local clinical guidance. Any advice and guidance was shared with clinical and non-clinical staff where relevant, but only on an informal basis. Decisions were made by clinical staff only, records updated and appropriate action taken.

Reliable safety systems and processes including safeguarding

The practice had a chaperone policy and an NHS guidance document that was a framework for clinical and support staff. It described the role of the chaperone, when one must be offered and explained the procedures to follow during the consultation. This included observing the procedures to ensure staff and the patient were protected from the risk of abuse.

We spoke with the staff at the practice and found a varying degree of knowledge about the procedures to follow when acting as a chaperone. We found that none of those acting as chaperones had received any formal training and consideration had not been given to undertaking Disclosure and Barring Service checks for those staff members who had not previously been the subject of one. Reception and administration staff were often asked to act as chaperones in the absence of the nurse. They were not fully aware of the procedures to follow. The practice has agreed to provide further training.

The practice had one male GP and used a regular locum who was also male. On the main door of the practice and on the consultation room doors, there was a sign explaining that a chaperone service was available. Some patients were aware of the availability of this service but some were not. Patients did say that any examination or consultation they had received was professionally undertaken and their privacy and dignity maintained.

A lead for safeguarding adults and children had been identified and this was the GP. They had received the recommended level of training to enable them to carry out

Are services safe?

this role. A safeguarding register was being maintained and the GP attended multidisciplinary meetings every three months where those at risk were discussed and care plans put in place. Records were updated.

Although safeguarding processes were in place at the practice, some staff were not able to display a satisfactory awareness of them, including who to contact outside of the surgery if an issue arose. A programme of e-learning was being planned for the future. Staff however, were confident that they could raise any issue with the GP if they felt there was a concern.

Patient records were updated in a timely fashion to ensure all relevant details were recorded to allow the GPs and clinical staff to be aware of any issues relating to their patients. This included creating patient records for new patients who transferred from other practices whose paper records were summarised and placed on the computerised system. This ensured that GPs had the most up to date information about a patient's history and condition to enable the most appropriate care and treatment to be provided.

Staff were unaware of whistleblowing legislation and procedures and who to contact if there was a need. We discussed this with the practice on the day of our visit as it is a family practice and staff need to be aware of who they could contact externally if an issue arose. They have agreed to provide training in the near future.

Staff were aware of all of the patients registered at the practice who were suffering from poor mental health or a learning disability. This enabled them to monitor them for signs of abuse and report any incidents to the practice manager or GP.

Medicines management

We checked medicines stored in the treatment rooms and in fridges and found they were stored securely and were only accessible to authorised staff. There was a clear policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential power failure. The practice staff followed the policy. Records were being kept of fridge temperatures to ensure that the medicines were correctly stored and these were all in acceptable ranges.

Processes were in place to check that medicines stored in fridges were in date and suitable for use. Stock was also

rotated regularly and sufficient quantities were available. All the fridge medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with regulations. Record keeping was clear and it was evident that a robust system was in place to ensure medicines were in date. Some medicines for use in the event of an emergency were out of date.

The practice used a system known as 'ScriptSwitch.' This is a prescribing decision support tool for healthcare providers that deliver national guidelines, local initiatives and formulary choices. This supports clinicians to deliver an efficient service, optimising prescribing to deliver better health, better value and better care for patients. The practice was using the system efficiently which meant that patients received the most appropriate medicines.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Prescription requests were dealt with by the GP who checked they were appropriate and that the patient was not due for a review. There was no electronic prescribing at the practice so all prescriptions had to go through the GP for signature before being handed to a patient. Blank prescription forms were handled in accordance with national guidance.

Cleanliness and infection control

An infection control policy and procedures were in place for staff to refer to. A designated lead had been identified for oversight of the cleanliness of both practices and they had received appropriate training. An infection control audit had not taken place at either practice.

Cleaning schedules were in place for clinical and non-clinical areas and records had been kept. We observed that the premises were visibly clean and tidy throughout. The practice manager monitored the quality of the cleaning and supervised the contract cleaner who attended the practice. Patients we spoke with on the day of our inspection told us that the practice was always clean and tidy.

There were sufficient quantities of hand towels and soap available in the toilet facilities at the practice. Posters were displayed in consultation rooms, toilets and the reception area showing the correct hand washing techniques to use. However there were no facilities in the ladies toilet for the disposal of female hygiene products. Hand sanitisers were also available in the reception area for patients and staff to use.

Are services safe?

Staff had sufficient quantities of personal protective equipment (PPE) available to use and clinical staff had received training in infection control techniques. PPE available included aprons and disposable gloves. There was also a policy for needle stick injuries.

There was no legionella risk assessment or testing carried out at the practice. Legionella is a bacterium that can contaminate water systems and it is a legal requirement for an employer to undertake a risk assessment and implement control measures to prevent the bacteria from forming.

Clinical waste was segregated and stored safely in line with published guidance and a contract with an external company was in place for collection and disposal. Records we viewed confirmed that this was taking place.

Cleaning checklists were in place for medical equipment such as ear syringing instruments.

A bio-hazard spillage kit was available for staff to use in the event of bodily fluids needing to be cleaned up. This was stored correctly and readily available for staff to use. A checklist was in place that ensured sufficient quantities of it were available and in date.

Equipment

Staff we spoke with told us that they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. One staff member commented that quantities of disposable medical equipment, such as used for ear syringing, often ran low. The practice has agreed to look at their stock control system to ensure satisfactory levels of this type of equipment are available. We found that all equipment was being serviced, maintained and calibrated where applicable. Records we viewed confirmed this was taking place.

A system was in place to ensure stocks of equipment were available and within date. These included dressings, stitch cutters, assorted bandages, forceps and suture removal instruments. Records we viewed reflected these were being completed regularly.

All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. A schedule of testing was in place.

Staffing and recruitment

We found there were sufficient members of staff working at the practice and branch surgery to meet the needs of patients. Staff told us that there were enough staff working at the practice to meet patients' needs. Reception and administration staff were aware of each other's roles and deputised for each other during periods of annual leave, sickness or training. The practice planned in advance when staff shortages were anticipated. Staff were suitably qualified to carry out their roles.

There was only one GP at the practice so when absent from work, a regular locum GP was used. This was planned in advance but cover could be obtained quickly if the need arose. Appropriate checks had been carried out prior to using the locum GP to ensure that they were qualified and experienced to carry out the role. There was one nurse at the practice and a locum nurse was also used. There were plans to employ this nurse on a more permanent basis in the near future, subject to demand.

The practice did not have a robust recruitment process or policy. We viewed three staff files and found that they were incomplete in relation to proof of qualifications, references and whether a Disclosure and Barring Service (DBS) check had been undertaken or was required. DBS is a check which provides information about a person's suitability to work in a healthcare or other role with those who might be vulnerable. This was discussed with the practice on the day of our inspection and they agreed to improve their systems and record keeping and review the roles where a DBS check could be required to ensure patient safety and if one was not required, to undertake a risk assessment of the role and/or the person concerned.

Monitoring safety and responding to risk

Fire safety equipment was tested in July 2014 and all equipment and procedures were certified as complying with the required standard. This included fire extinguishers, fire alarms and fire evacuation procedures.

The practice did not have a health and safety policy. Health and safety audits did not take place to check that the building and environment was safe. There were no environmental risk assessments in place that identified the risks to patients and staff. We found that the front door to the practice did not have a mechanism attached to it to prevent the door from closing quickly and was a potential hazard to young children and vulnerable adults who might get their fingers trapped in it. This may have been identified

Are services safe?

if a risk assessment had been undertaken. The practice has agreed to ensure this door was safe for patients who used the service. Equipment was tested regularly to ensure it was safe, calibrated correctly and in working order.

The practice identified and responded to changing risks to patients including deteriorating health and well-being or medical emergencies. Where this had been identified in a patient, the 'out of hours' were notified that their services could be required and they supplied them with relevant information about their condition. Emergency referrals were dealt with on the same day if a patient suddenly became much worse.

Arrangements to deal with emergencies and major incidents

The emergency medicines in use at the practice at both the main and the branch surgery were not readily available for staff to use in the event of an emergency. A single GP's bag only was available which was taken by the GP when they visited patients in their homes for consultations and for emergencies at the practice. This meant that when the GP was conducting home visits, emergency medicines and equipment were not available for use at the practice.

When not visiting a patient the medicines bag, together with a defibrillator (used to attempt to restart a person's heart in an emergency), were kept in the boot of the GP's car which was parked outside of the practice. We looked at the medicine in the GP's bag and found that some items were out of date, one particular item having expired in January 2014. Oxygen was not available for use in the event of an emergency at either the main or the branch surgery and a risk assessment had not been undertaken to mitigate

it not being available. The National Resuscitation Council suggests that oxygen should be available whenever possible to ensure the practice is able to demonstrate they are equipped for dealing with emergencies.

We discussed this issue with the practice on the day of our inspection and pointed out the risks in relation to the safety of patients and staff in the event of a medical emergency. In addition we made it clear that a robust system needs to be put in place as soon as possible to ensure that when medicines are nearing their expiry date they are replaced. The practice agreed to review their system immediately so that emergency medicines are available at both locations at all times and readily accessible to staff.

Staff had received training in basic life support and records had been maintained. A defibrillator was available for use in an emergency but some staff had not been trained to use it nor were they aware of what it was used for.

Fire safety equipment had been tested in July 2014 and all equipment had been certified as complying with the required standard. This included fire extinguishers, fire alarms and fire evacuation procedures.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. This covered both the main practice and the branch surgery. Risks were clearly identified including being unable to use the premises, obtaining alternative accommodation, the loss of computer or telephone system, incapacity of any of the staff and loss of vital services such as gas, electricity or water supplies. The policy explained the action to take to ensure services remained available to patients.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. Consultations were being carried out in line with guidance.

The GP told us they led in all clinical areas supported by the nurses at the practice. Clinical staff we spoke with were very open about asking for and providing colleagues with advice and support. The practice continually reviewed and monitored new best practice guidelines so all clinical staff were up to date with current advice. We found from our discussions with the GP and nurse that staff completed a thorough assessments of patients' needs in line with NICE guidelines, and these were reviewed when appropriate.

The practice was aware of the needs of the patient population. For example, those patients who had been discharged from hospital were followed up and their care and treatment reassessed. Patients with palliative care needs who were approaching the end of their lives had their needs assessed and were provided with effective care and treatment, utilising the expertise of a range of healthcare providers. Support from external organisations was signposted to them and their families.

Patient referrals were dealt with in a timely manner and a system was in place to ensure this was effective so their clinical needs were met.

Mothers and babies were provided with ante/post natal reviews with the nurse and patients with long-term conditions such as diabetes, asthma and hypertension had their conditions monitored and assessed regularly. Patients eligible for flu vaccinations were contacted in a pro-active way and encouraged to attend.

We saw no evidence of discrimination when making care and treatment decisions. Interviews with the GP and nurse showed that the culture in the practice was that patients were referred on need and that age, sex and race was not taken into account in this decision-making.

Management, monitoring and improving outcomes for people

The practice monitored its performance through the quality and outcomes framework (QOF). The QOF is a national measurement tool that can be used to collect information to compare their performance against national screening programmes to monitor outcomes for patients. This includes such areas as ensuring diabetic patients receive an annual medical review, patients who may require cervical smear tests and providing immunisation against the flu virus.

The practice was aware of their QOF targets in relation to healthcare issues and a member of staff was responsible for monitoring their performance. The computerised record system was used to ensure that targets were being met.

The QOF targets for the year end to March 2014 reflected that there was an elevated risk in relating to the practice achieving their targets for the monitoring of diabetes and for administering flu vaccinations to the elderly.

We viewed the latest QOF data for the year to date and found that the practice was on course to meet the targets for the year and in some cases had already achieved them. This included targets in relation to dementia screening, depression, cervical screening, cancer detection and palliative care.

The GP told us that the monitoring of uptake of flu vaccinations for older people had highlighted that some patients were not attending for their appointment. This led to further contact being made with them via telephone, text or letter to encourage them to attend the practice.

A register was maintained for patients with long term conditions, a learning disability or who were vulnerable and they were contacted by practice staff to attend for health checks and reviews. A system was in place to make follow-up calls to patients who did not attend for appointments or respond to reminders. We found that the practice was able to demonstrate that their use of the IT system included regular checks to ensure that these health checks were undertaken and patients contacted when they were due.

A system was in place to ensure that patients receiving repeat prescriptions were regularly reviewed by a GP. Where a review was due the prescription was not issued until one had been carried out. The IT system in use at the practice made staff aware when a review was due and this

Are services effective?

(for example, treatment is effective)

information was relayed to patients when requesting repeat prescriptions or sooner if possible. Patients we spoke with told us they had received a review of their medicines.

The practice monitored the levels of patients who did not attend for their appointments and took steps to make improvements to reduce them. They had recently introduced a text message reminder system and they had seen some reduction since this had been put into use.

The GP at the practice was appropriately trained to carry out minor surgical procedures in line with NICE guidance. These were mainly undertaken at the branch surgery.

Patients who had unplanned admissions to hospital or who had cause to use the 'out of hours' service were contacted by the GP to assess their continuing healthcare needs. Where necessary they were invited in for a follow-up consultation.

The practice was aware of the number of patients requiring palliative care who were nearing the end of their lives. These were small in number and monitored regularly and a register was not required. The practice had implemented the gold standards framework for end of life care. Their conditions were assessed and care and treatment needs identified. Other healthcare professionals were also contacted to provide ongoing support such as Macmillan nurses and community teams. Due to the small number of patients with palliative care needs the practice felt the patient's conditions could be managed effectively without a need for formal meetings.

The practice did not have a system in place for completing clinical and non-clinical audit cycles to monitor and assess the services they were providing, to identify areas where they could improve.

Effective staffing

A recruitment policy was not in place for new staff to the practice. A recruitment policy identifies the procedures to follow when employing new staff. This includes advertising a vacancy, a job description, the need for references, checks on qualifications and experience and whether an interview should take place. It also should include whether a Disclosure and Barring Service (DBS) is required and for which role. The DBS provides information about a person's suitability to work in a healthcare or other role with those who might be vulnerable.

We viewed the files of several members of staff who worked at the practice. Each file contained a job description, a contract of employment and a recent appraisal. The qualifications of the nurse were in certificate form and there was evidence on the file that reflected the nurse was undertaking their continual professional development (CPD) to maintain their skill levels. There was no evidence of DBS checks or references in any of the files we looked at.

Practice staff included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that all staff were up to date with role specific training. Reception and administration staff were aware of each other's roles and could deputise for each other when necessary.

The GP at the practice was up to date with their yearly continual professional development requirements and had received an appraisal in the last year. 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.

Staff appraisals covered their performance throughout the year, identified any training and learning needs and considered their development. Areas covered included, their general attitude, communication, knowledge and understanding, workload, dependability and an overall assessment of their performance. Not all files contained details of qualifications.

Staff we spoke with told us they felt supported at the practice. One staff member told us they had been through an induction process when they first started working there. They said they had been allocated to a more experienced member of staff to learn processes and procedures.

When using a locum GP or locum nurse, the practice ensured they were suitably qualified and experienced to carry out the role. They used a local locum agency that provided them with all the necessary confirmation that they were appropriately qualified, including references.

Working with colleagues and other services

The practice had an 'out of hour's policy' that described how information was to be transferred to and from the practice and the service. It stated that information after a consultation was to be passed to the practice

Are services effective?

(for example, treatment is effective)

electronically, checked by a receptionist on the day of receipt, referred to the GP for review of care and treatment and then added to the patient's record on the computerised record system.

The practice had a system of notifying the 'out of hours' service in relation to patients who were nearing the end of their lives who may have the need to use it when the practice was closed. A form had been designed for this purpose which covered the patient's condition, the medication they were taking and any special instructions that were relevant to their care and treatment.

One patient spoken with, who had used the 'out of hours' service, had found it satisfactory and easy to use. Details about how to access the service were included in the practice leaflet on display in the reception area.

The practice held regular multidisciplinary meetings with other health care providers to discuss the needs of patients with complex needs. We viewed the minutes of these meetings and found that patients were discussed on an individual basis and their care and treatment planned in line with their needs.

Patients we spoke with had experienced being referred to other healthcare services such as specialists. They told us they were supported to 'choose and book' a consultant and hospital of their choice when it was available. They found that the system was effective and the advice given by the GP appropriate. Referrals were usually dealt with on the same day.

Patients could receive test results by calling the practice. The computerised records identified when a patient had not called for a result and this would be highlighted to staff. If the test revealed an adverse result, the GP made a note on the patient record and staff made contact with the patient concerned to invite them in for a follow-up consultation.

Hospital discharge summaries and specialist's reports on patients were dealt with by the GP who updated the patient's record. Where any remedial action or follow-up consultation was required, patients were contacted and an appointment arranged for them.

The practice had a small number of patients with complex needs such as end of life care needs or children on the 'at

risk' register. The practice liaised with external healthcare providers on a regular basis such as district nurses, social workers and palliative care nurses where decisions about care planning were documented.

Information sharing

The practice had a policy for information sharing with other healthcare providers that included confidentiality issues and whether a patient consented to such sharing. This was also part of the questionnaire for new patients who were invited to agree to their information being shared appropriately.

A protocol was in place that described the procedure to follow when transferring and sharing information to other health care providers. It described the circumstances in which this would be undertaken and the security implications involved to protect the privacy of patients confidential information. This included test results, information from out of hour's patient consultations and electronic prescription requests to the practice.

We found that information was being shared appropriately between other health care providers and the practice in relation to their patients. All correspondence received, including hospital discharge letters, were seen by the GP in the first instance so that clinical assessments could be made and changes of care and treatment identified. They were then placed on the patient's computerised record.

Staff we spoke with were aware of confidentiality issues and ensured the appropriate management and disclosure of patient information.

Electronic systems were also in place for making referrals, and the practice made referrals through the Choose and Book system. (The Choose and Book system enables patients to choose which hospital they will be seen in and to book their own outpatient appointments in discussion with their chosen hospital). Staff reported that this system was easy to use.

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

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

The practice had a consent policy that had been reviewed in Jan 2014. It covered verbal and written consent, when they should be taken and various consent forms were available for this purpose. Areas covered included minor surgery, child immunisations, travel vaccinations and the action to take if a person other than a legal guardian attended with a child. It also covered vulnerable patients and the need to obtain consent if a carer was present.

A policy gave clear guidance around Gillick competence in relation to children aged 16 or under attending for an appointment without a parent or guardian. It described that clinicians were responsible for deciding whether children aged 16 or under had the legal capacity to consent to medical examination and treatment. However not all reception staff were aware of this guidance and were unsure of the procedure to follow if a person of this age attended without a parent or guardian. The nurse at the practice told us that consent was always sought for immunisations for young children and they ensured that it was the parent or legal guardian.

The practice had a consent form for patients requiring minor surgical procedures or receiving vaccinations. This included confirming that they had received a clear explanation about the procedure, any risks involved and any post treatment effects.

Two patients we spoke with on the day of our inspection told us that the GP asked for their consent before carrying out any intimate examination and whether they would like a chaperone present. A carer of a patient who did not have the capacity to make a decision told us that a decision was made about care and treatment in their best interests and their views had been sought. They were satisfied that the consent issue had been dealt with appropriately by the GP.

Health promotion and prevention

Patients new to the practice were offered a health check and were given an information letter about this service when first registering. It explained the procedure and invited them to provide information about any existing medical conditions and medicines being taken. It covered a range of topics to identify what support a person may need including whether they were a smoker, the quantity of alcohol consumed and exercise and diet questions. It also

requested whether a patient might be due for a cervical smear test. This enabled the nurse or GP to identify relevant health issues and offer support to the patient if they needed it.

A smoking cessation protocol was in place that had been reviewed in February 2014. It described the practice strategy to support patients to stop smoking. Patients were asked to complete a questionnaire about their smoking habits, and then were provided with literature about the effects of smoking on their health and the methods available to support them to stop. The practice had recognised this as an issue that was relevant to their patient population. Patients were then supported to give up smoking with relevant advice and nicotine replacement therapy. A referral to a local 'Stop Smoking Service' was also available for them to use.

The nurse at the practice was also available to help patients live a healthier lifestyle. This included weight loss, dietary advice and how to tackle stress. The practice offered NHS health checks to all its patients aged 40 to 75 years and where the results of these indicated that a follow-up appointment was required, patients received a consultation with the GP.

Family planning advice and information was available, including the various types of contraception methods available. Ante and post natal services were provided and mothers could book appointments with the nurse for this purpose.

The reception and waiting room area contained a wide range of information in leaflet and poster form to encourage people to live healthier lives. There were leaflets available on smoking cessation, dietary advice and chlamydia screening. They also contained information about various different conditions, the signs and symptoms to look out for and how to manage certain conditions, including access to alternative healthcare providers and external organisations that could provide support.

Elderly patients and children all received flu vaccinations and the practice was pro-active in contacting them when they were due. Posters were displayed in the waiting room informing patients of their availability. Elderly patients who were discharged from hospital were followed up to check on their care and treatment needs. Each patient over 75 had a named GP as there was only one at the practice. This provided them with continuity of care.

Are services effective?

(for example, treatment is effective)

The nurse at the practice was responsible for the national programme of child immunisations and for cytology screening (smear tests) and performance was being monitored. Patients were contacted to ensure they were up

to date with their immunisations and tests. Follow-up contact was made if patients did not attend for their appointment. A service was also available for patients to receive travel vaccinations.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Patients we spoke with on the day of our inspection told us that all staff were kind and caring and treated them with dignity and respect and addressed them politely. They told us that the GP at the practice had time for them and listened to their concerns and treated them with compassion and understanding. They thought there was a friendly atmosphere at the practice and all staff working there made patients feel welcome.

Data from the NHS national patient survey reflected that 75.8% of patients would recommend the practice and 79.25% described the overall experience of the practice as either good or very good.

The practice had a policy for managing confidential information. It covered the security of data used by their information systems and described authorised access to their systems and the disclosure of information to other persons. The new patient registration forms also contained a section whereby patients could agree or otherwise to disclosure of information relating to their care and treatment to relevant persons only. It also covered the Data Protection Act and disclosure of information.

A confidentiality protocol was in place for staff to follow and refer to. We observed that staff were careful to follow the policy when discussing patients' treatments so that confidential information was kept private.

We were unable to obtain a wider view of patient satisfaction about the practice because a patient survey had not been undertaken to obtain feedback. However a patient survey about the GP only did take place in April 2013 and patients were generally satisfied with the consultations and explanations provided.

Patients completed CQC comment cards to tell us what they thought about the practice. We received 10 completed cards and the majority were positive about the service experienced. Patients said they felt the staff were helpful and caring and treated them with dignity and respect.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room and that their privacy and dignity was maintained during examinations, investigations and treatments. They told us they were aware of the availability of a chaperone

for examinations and this had been offered by the GP and the nurse. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us they were listened to and involved in the decisions about their care and treatment. They said that explanations were clear and the GP and nurse always had time to clarify any issues to ensure they understood. Patient feedback on the comment cards we received was also positive.

A relative with caring responsibilities told us that they had experienced best interest meetings where the most appropriate care and treatment was discussed with them. They said they were asked for their views and they were considered. They were very happy with the way the care was managed and felt involved in any decisions that had to be made. They told us that they were signposted to external organisations that could provide additional support.

Patient/carer support to cope emotionally with care and treatment

The practice had a policy to identify people with caring responsibilities so their health could be monitored and they could be provided with additional support. Clinical and reception staff were aware of the policy and they signposted carers to literature available to them about external agencies such as the Alzheimer's Society, Age UK, MIND the mental health charity and the Citizens Advice Bureau. The addresses and contact numbers were made available to them so they could access the services and obtain relevant advice. These services provided support to carers for help with household tasks, respite care, activities and benefits advice.

The new patient registration forms contained questions to help identify those people who had caring responsibilities for patients. They were signposted to organisations that could support them. The practice's computer system alerted the GP or nurse if a patient was also a carer.

Staff told us that if families had suffered bereavement, they were contacted and offered support and counselling. Literature was available in the waiting room signposting

Are services caring?

patients to appropriate services they could access to help them deal with their loss. There was an effective system in place to notify all staff of the death of a patient so they were able to offer their condolences and support to relatives attending the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Patients were able to be seen by a GP or practice nurse at either the main or the branch surgery and this was determined by the patient. As there was only one GP at the practice, all patients had a named GP including the elderly.

Home visits were available for older people, those with long term conditions or limited mobility or who were too ill to attend the surgery. Patients were advised to contact the practice by telephone to describe their symptoms. They were called back during the day by the GP who then made a decision whether to proceed with a telephone consultation or a home visit if necessary. Telephone consultations took place when appropriate and time was allocated to these each day so all patients received a call back.

Although patient appointments were of ten minutes duration, the practice recognised when these needed to be extended for patients with complex needs. This included making a double appointment available for people with learning disabilities who required a health check or dealing with multiple issues. Patients we spoke with told us that they never felt rushed, that the GP listened and understood their concerns and gave them the time they needed.

The practice had a system in place for providing child immunisations such as flu. This was carried out at the practice and through visits at the local schools.

The practice provided a service to patients who required sexual health advice including the provision of different contraception methods. This was carried out at the practice by the GP who was qualified to do so. Routine chlamydia testing was also available for patients requiring it.

A 'choose and book' system was in use that enabled patients, referred for specialist treatment, to select their preferred hospital and administration staff helped support patients to use this facility. These were completed in a timely manner.

Patients were able to obtain repeat prescriptions within 48 hours of a request. A system was in place to review patients' medicines for effectiveness. Advice on how to obtain a repeat prescription was included in the practice leaflet on display in the reception area and on a poster. The

practice had established a service for people to pick up their dispensed prescriptions at local chemists and elderly patients could have them delivered to their home address at no additional cost. Patients we spoke with told us that the system in place for obtaining repeat prescriptions met their needs.

The nurse at the practice was responsible for providing ante and post natal care for mothers and babies. They also gave advice on weight loss, smoking cessation, diabetes monitoring and contraception.

The nurse at the practice provided specialist advice for those persons with long term conditions, including asthma, diabetes, high cholesterol, hypertension and chronic obstructive pulmonary disorder (COPD). Patients were able to book appointments with the nurse so that their condition could be monitored and they could receive current information and advice.

The nurse also provided services such as the removal of sutures (stitches), dressings and wound management, minor injuries and ear syringing.

The practice leaflet on display in reception, provided patients with useful advice about common illnesses and steps that could be taken to manage and relieve symptoms. These included childhood fever/temperatures, earaches and coughs and colds. The leaflet also included the type of medicines and remedies that could be taken to reduce the severity of symptoms, including homeopathic alternatives.

The practice had a palliative care register for those patients approaching the end of their lives. They had adopted the Gold Standards Framework for these patients. This is a system designed to provide them with the most appropriate type of care and treatment at this difficult time in their lives, utilising other healthcare providers who also provided support. Partnership working was evident with external agencies involved in the patient's care, such as community matrons and palliative care nurses. As a result of the lack of meetings and availability of minutes, we looked at the records of several patients and found that regular updates of their care and treatment were taking place and they were receiving the most appropriate care and treatment.

The practice did not have a patient participation group and neither did they conduct patient surveys to obtain

Are services responsive to people's needs?

(for example, to feedback?)

feedback from patients about the services provided. A patient survey did take place that requested views about the performance of the GP but this last took place in March 2013.

Tackling inequity and promoting equality

The practice was available for patients to register with regardless of their personal circumstances or vulnerability. This included the homeless, persons living with mental health, those with learning disabilities and any other vulnerable group.

The practice supported patients suffering from poor mental health. One patient we spoke with told us that the staff at the practice were aware of their needs and responded appropriately. They told us that the GP offered advice, gave them extra time when they needed it and had referred them on to external organisations that could provide additional support. They said the explanations about the care and treatment options available to them were clear and this was discussed and agreed with them before receiving it.

The consultation rooms were situated on the ground floor of the premises and they had made reasonable adjustments for those patients who were disabled. A ramp was available at the rear of the premises but the start and end of the ramp was not level with the ground or the opening of the door. Although the ramp did help wheelchair users access the surgery, this could be difficult for some patients and be a potential trip hazard for patients walking in who had limited mobility.

The waiting room was clean, warm and spacious and contained sufficient numbers of seats for patients attending for appointments. There were no chairs with arm rests so elderly patients or those with limited mobility may have found it difficult to sit down or get up from them.

Accessible toilet facilities were available for patients to use but there was an absence of a dedicated toilet for patients with a disability. The available toilets appeared to be too small to accommodate a person with limited mobility or who used a wheelchair. However treatment rooms were accessible for wheelchair users.

Staff had received a presentation recently about homeless people who had found it difficult to register at a practice

due to a lack of fixed address for correspondence purposes. This presentation gave them an insight into ways this could be resolved and how to support vulnerable patients if they wished to register at the practice in the future.

Access to the service

The surgery reception at Medic House was open from 8:30am to 6:30pm each weekday and closed Thursday afternoons and at the weekend. GP consultations were available morning and afternoons on Mondays and Fridays, mornings on Wednesdays and Thursdays and Tuesday afternoons. The nurse worked on a Tuesday between 9am and 3pm.

The branch surgery reception was open between 9:30am and 6pm Monday to Friday but closed Thursday afternoons. GP consultations were available morning Mondays to Thursdays and in the afternoon on Wednesday. The nurse worked between 9am and 3pm on a Wednesday. There was no late evening opening at either location.

Patients new to the practice were given a registration pack and relevant information about the services available, including a copy of the practice leaflet. This contained details about the main surgery and the branch surgery. An appointment was then booked with the nurse and a follow-up with the GP if any issues had been identified.

The practice leaflet was displayed in the reception area and given to new patients registering at the practice. It detailed a brief history about the practice and the services it offered and included the opening hours, appointment system, how to obtain a repeat prescription, the availability of home visits and other useful information, including general advice for minor illnesses such as coughs and colds.

Patients we spoke with were very complimentary about the GP and nurse working at the practice and they could generally obtain appointments that suited them. Some patients told us that it was sometimes difficult to get an appointment. There were no late evening appointments available at either the main or the branch surgery. They told us that the phone was often engaged and when getting an answer there were no appointments available. One patient described waiting several days to get an appointment.

They told us that consultations were effective and they received clear explanations about their diagnosis, care and

Are services responsive to people's needs?

(for example, to feedback?)

treatment. They told us they did not feel rushed and if they needed extra time with the GP they were given it. This included patients suffering from poor mental health, learning difficulties and dementia.

Telephone consultations and home visits were available for older patients, those with long term conditions or if too ill to attend the surgery in person. We spoke with two patients on the day of our inspection who had received a telephone consultation and they commented that it was effective and met their needs.

Patients we spoke with told us that they were given reminders about their appointments by text message and this was popular with them. The consultations mainly ran to time with waiting kept to a minimum but some patients had experienced longer delays. Patients were complimentary about the services offered by the nurse, the availability of appointments and the time spent with them.

Although patients we spoke with were generally satisfied with the appointment system and the services provided this view was from a small sample of patients only. In the absence of a patient survey for a broader viewpoint, we could not be sure that this reflected general satisfaction amongst the patient population. We did note that a survey in March 2013 revealed that patients were satisfied with the GP at the practice. This was a survey about his performance alone and not about the services provided. One has not taken place since that date.

Listening and learning from concerns and complaints R4

The practice has a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was the GP was the designated responsible person who handled all complaints in the practice.

Although there was a recognised system in place for the management of complaints, it was not displayed in the reception area on the day of our visit for the information of patients. Patients we spoke with were happy with the services provided and had no cause to complain. Patients told us they felt that any complaint they made would be taken seriously and responded to appropriately.

We looked at the record of complaints on the day of our inspection and found that there had been two since January 2014. One of these had a completed complaint form and had a record of action taken and was closed. The second was recorded as a significant event and was incomplete in detail. There were no analysis or findings for either of the complaints and opportunities for learning had not been identified.

The GP told us that he handled all of the complaints and contacted patients personally to explain and errors or misunderstandings but these were not always recorded. This did not allow for other staff at the practice to receive feedback that could help prevent recurrences.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a statement of purpose that outlined their vision, aims and objectives. The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Staff we spoke with had not been spoken with regarding the practice vision and lacked awareness of their role in achieving it.

We found that due to the absence of effective systems to continually monitor and assess the services they provided, that progress against the objectives was not being reviewed.

Governance arrangements

The GP at the practice was the designated lead for all governance matters at the practice. There were a range of policies and procedures in place that had been reviewed and were up to date. There was no system in place that reflected that staff had read or understood those policies relevant to their role.

Amongst the staff there was a lack of knowledge of some systems and processes that were outlined in the policies, examples of this being safeguarding and whistleblowing knowledge, consent, and the duties of a chaperone.

The practice did not have an ongoing programme of clinical audit and re-audit. These are used to monitor quality and systems to identify where action should be taken to improve the services provided. There was an absence of an infection control audit and a health and safety risk assessment.

The system in place for monitoring the expiry dates of emergency medicines was not robust as some were out of date.

The practice had monitored the levels of patients who did not attend for their appointments in order to impact positively on the number of appointments available and the waiting time experienced by patients. They had recently introduced a text message reminder system and had seen some reduction in non-attendance since this had been put into use.

The referral system for patients requiring hospital or specialist consultations were monitored to ensure they had been acted upon. These were recorded in such a way that they could be checked to see that they had been dealt with in a timely manner.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing in line with national standards. This included their performance in areas such as providing immunisations for children in line with the national vaccination programme. Staff we spoke with told us that performance issues were discussed with them but there was no evidence produced to confirm this was taking place due to the infrequency and lack of recording of minutes of team meetings.

The practice had arrangements for identifying, recording and managing some risks. There was an absence of a health and safety risk assessment. Significant events and complaints were handled by the GP but we saw no evidence that learning from these incidents were cascaded to staff to improve performance at the practice and prevent recurrences.

Leadership, openness and transparency

Although the practice was open and transparent and interviews with staff reflected that they were encouraged to suggest ideas for improvement, we did not see evidence that the day to day leadership of the practice was being undertaken effectively. The GP had the lead role for all matters and there was a lack of focus around governance, audits and identifying areas for improvement.

There were a number of policies and procedures in place that made clear the standards that were expected but there was no system in place for the continuous monitoring and assessing of the services they provided. We found that the practice manager did not have a clear leadership role or responsibilities and that there was a lack of direction within the practice. We found that a number of systems and processes were not being followed effectively that may put patients at risk. These included a lack of audits, analysis and learning of significant events and complaints, management and monitoring of emergency medicines, no method of obtaining regular patient feedback and a health and safety policy and risk assessment.

Are services well-led?

Requires improvement 

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

We did find however, that staff were dedicated to their role of providing care and treatment but that there was a lack of visible leadership.

Seeking and acting on feedback from patients, public and staff

A suggestion box was available in the reception area for patients to use to provide feedback about the services provided but none had been received. The practice had registered with the 'I want great care' website where patients could leave reviews about the services provided. At the time of our inspection no reviews had been left. The practice had not undertaken a patient survey since March 2013. The absence of patient feedback represented a missed opportunity to highlight good practice and to identify areas for improvement.

However a patient survey had been undertaken in April 2013, when patients were asked to complete a questionnaire about the performance of the GP at the practice. This survey covered the politeness of the GP, clarity of explanations, assessment of their condition and making patients feel at ease. The findings reflected that patients were satisfied with the quality of the service they received from the GP.

Although a complaints system was in place it was not advertised openly in reception, although patients we spoke with felt confident they could raise issues if they had any. In addition the recording of complaints and subsequent learning from them was not well organised and learning opportunities not cascaded to staff or acted upon.

The practice sought feedback from staff through the appraisal system and informal conversations. A staff message book was in use to notify staff of relevant issues and those who were absent from work could read through it on their return to keep up to date with current issues. It was also used to highlight issues to improve performance. Staff meetings took place infrequently but minutes were not recorded so we could not be assured that ideas for

improvement were sought at these meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and they were encouraged to do so.

Although staff were unsure about whistleblowing legislation and reporting procedures they told us they were confident that if they did raise an issue with the GP or practice manager, it would be taken seriously and action taken, without fear of reprisals. They were unaware who they could report an incident to outside of the practice if this was required. At the time of our inspection, staff told us that there had been no concerns at all.

The practice did not have a Patient Participation Group (PPG) at the time of our inspection. This is a group of volunteer patients who work closely with the practice and other patients to identify areas for improvement. The practice had tried to recruit members from their patients but had been unsuccessful. The practice leaflet encouraged patients to suggest ways in which the practice could be improved.

Management lead through learning and improvement

The practice had completed reviews of significant events and other incidents but there was no evidence presented to us that this learning had been discussed and shared with other staff at the practice.

The practice had protected learning time for its staff when the surgery was closed for one day each month. Staff we spoke with told us this was used to good effect and helped support them in the work place. We viewed the agenda for several of these meetings and found that they were being used to provide training in clinical areas that helped support staff in their roles. The topics discussed included diabetes and mental health.

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at staff files and saw that regular appraisals took place which included a personal development plan.

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>People who used the service and others were not protected against the risks of inappropriate care and treatment because the practice did not have an effective system in place to regularly assess and monitor the safety and quality of service and risks to service users and others.</p> <p>In particular governance arrangements were not being effectively monitored. There was an absence of a health and safety risk assessment, a legionella risk assessment, an infection control audit, other clinical and non-clinical audits, systems to monitor emergency medicines (availability and expiry dates), patient and staff views not being sought, stock control of some medical equipment. Staff meetings did not take place regularly to cascade learning identified from safety incidents, complaints and other issues. Records of meetings were not kept.</p> <p>This was in breach of regulation 10(1)(a)(b) and (2)(b)(if)(c)(i)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>People who used the service and others were not protected against the risks of inappropriate care and treatment because the practice did not have suitable arrangements in place in order to ensure that persons employed for the purposes of carrying on the regulated activity were appropriately supported in relation to their responsibilities.</p>

This section is primarily information for the provider

Requirement notices

In particular, staff were not effectively trained in the use of the defibrillator, chaperone procedures, consent (including GILLICK), safeguarding and whistle blowing procedures, lack of evidence that staff had read and understood practice policies.

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

Regulated activity

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

Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

People who used the service and others were not protected against the risks of inappropriate care and treatment because the practice did not have an effective system in place for identifying, receiving, handling and responding appropriately to complaints and comments made by service users, or persons acting on their behalf, in relation to the carrying on of the regulated activity.

In particular the complaints system was not brought to the attention of service users in a suitable manner and format (reception), complaints were not being investigated or recorded effectively and outcomes of complaints and steps taken to resolve them were not clear.

This was in breach of regulation 19(1)(2)(a)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury

People who used the service and others were not protected against the risks of inappropriate care and treatment because the practice did not have effective recruitment procedures.

In particular, there was an absence of an effective recruitment policy and there was no evidence that disclosure and barring checks had taken place, had been considered or reviewed and no risk assessment of staff or job roles where a decision had been made not to obtain one.

This was in breach of regulation 21(1)(a)(i)(ii)(iii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.