

# Dr Peter Ayegba

## Quality Report

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

## Ratings

### Overall rating for this service

Inadequate



Are services safe?

Inadequate



Are services effective?

Inadequate



Are services caring?

Inadequate



Are services responsive to people's needs?

Inadequate



Are services well-led?

Inadequate



# Summary of findings

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## Overall summary

We carried out an announced comprehensive inspection at Dr Peter Ayegba's practice on the 6th January 2016. Overall the practice is rated as inadequate.

Our key findings were as follows:

- There was a lack of clarity around the leadership structure with limited formal governance arrangements being in place. There was low staff morale amongst different staff groups within the practice.
- Patients did not always receive their medication in a timely manner, and sometimes errors had been made with prescriptions.
- Some staff files lacked evidence of necessary checks required to show safe recruitment and selection procedures.
- There was a lack of safeguarding arrangements in place to protect vulnerable adults and children.
- Staff understood their responsibilities to raise concerns, and to report incidents. However, incidents lacked evidence that they had been reviewed and shared with all of the practice staff.
- Staff had not been supported in accessing training to meet their needs.
- The review of patients' hospital letters and results were subject to significant delays resulting in patient records not always being up to date.
- There had been repeated concerns and opinions from patients regarding the service they received from reception staff, including problems accessing appointments, access to the practice by phone and problems with prescriptions for medications. There was no evidence of any feedback to patients regarding what actions were taken to improve patient satisfaction in these areas.
- There were low numbers of recorded complaints and staff had not documented verbal complaints.

# Summary of findings

- The practice had a number of policies and procedures to govern activity, however some were overdue a review and needed further work to ensure they were appropriate for the practice and that staff fully understood the practice policies.
- The practice was clean and tidy.

## **There were areas of practice where the provider must make improvements. The provider must;**

- Develop appropriate procedures for recording, acting on and monitoring significant events, incidents and near misses.
- All patient complaints must be recorded, investigated and responded to in accordance with the practice complaints policy. Findings should be communicated to patients and an apology offered when required. The practice should ensure that learning from complaints is shared with staff and any changes to working practices as a result of learning are implemented.
- Take action to ensure necessary employment checks are in place for all staff and the required information in respect of workers is held securely and can be produced when required. All policies in relation to recruitment must be updated to reflect current legislation.
- Develop appropriate procedures for the safe management of medications and storage of prescriptions. Ensure all staff are competent in management of medicines and that they adhere to appropriate policies.
- Ensure suitable arrangements are in place to safeguard vulnerable adults and children from abuse.
- Implement appropriate processes to ensure the timely review of all patient hospital letters, correspondence and ensure patient's records are accurate and up to date.
- Review the appointment system and staffing levels to ensure there are sufficient numbers of patient appointments to meet the demands of the local population. Improve processes, and procedures for making appointments. Take steps to address the problems identified at inspection with telephone access to the practice.
- Ensure staff undertake training to meet their needs, including induction when started in their role, training in fire safety, health and safety, managing prescriptions and infection control. Review training records to ensure that all staff have evidence of development with training relevant to their role.
- Clarify the leadership structure and ensure there is leadership capacity at all times to deliver all improvements. Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision. Undertake a programme of quality improvement activity so as to drive improvements in patient outcomes.
- To test the practice's business continuity plan to ensure its effectiveness and that it meets the needs of the practice and is prepared for emergency situations.

There were areas of practice where the provider should make improvements:

- To develop an action plan in response to low patient satisfaction in regard to access to the practice via the phone system, accessing appointments, prescriptions for medications and the attitudes of reception staff.
- For staff to have training in the Mental Capacity Act 2005 and Deprivation of Liberty.
- Staff should record regular minutes of meetings with district nurses to discuss the needs of their palliative care patients.
- I am placing this practice in special measures. Practices placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The practice will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be

# Summary of findings

conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

## **Letter from the Chief Inspector of General Practice**

**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. However, when things went wrong, reviews and investigations were not sufficiently thorough and lessons learned were not communicated to support improvement. Staff did not know who was the safeguarding lead at the practice. There were continued risks and delays with the management of prescriptions and repeated requests for patient medicines and identified medication errors. The repeat prescribing policy that staff were following on the day we visited had not been approved to be used. Its contents did not reflect staff actions. Staff did not have updated training for health and safety and fire safety. All checks required for staff employed by the practice were not in place. There were insufficient numbers of staff employed by the practice to meet the needs of patients due to various staff absences and vacancies.

Inadequate



### Are services effective?

The practice is rated as inadequate for providing effective services. Data showed patient outcomes were at or above average for the locality. Nursing and healthcare staff assessed patients' needs and delivered care in line with current evidence based guidance. The practice did not keep and maintain effective staff training records. The practice worked well with other providers but there were delays to patient information being added and scanned onto the patient's records. This meant that patients attending the practice for a follow up appointment after their hospital visit were not seen by GPs with their full updated medical history.

Inadequate



### Are services caring?

The practice is rated as inadequate for providing caring services. Data showed that improvements were required in terms of patient satisfaction and in patients overall experiences of the practice. Patients told us they were treated with compassion and they were involved in decisions about their care and treatment. However patient feedback identified a number of trends such as problems accessing the practice by phone, booking appointments, problems with prescriptions and attitudes of reception staff. There was no evidence of how the practice had sought to improve this performance or to show their response and monitoring of patients opinions. The practice participation group (PPG) were very supportive of the practice and were eager to engage and help the practice improve patient's perceptions of the service.

Inadequate



# Summary of findings

## Are services responsive to people's needs?

The practice is rated as inadequate for providing responsive services. The practice had received extensive support for the last six months to help drive improvement and continued to receive this support. There were insufficient numbers of patient appointments to meet the demands of the local population. Patients experienced long delays in getting through to the practice on the telephone. Information about how to complain was available. There had been a low number of recorded complaints however there was no evidence that learning from complaints had been shared with staff. There was no record of verbal complaints to show how patterns or trends were captured and responded to. The practice had good facilities and was well equipped to treat patients and meet their needs including access to disabled facilities.

Inadequate



## Are services well-led?

The practice is rated as inadequate for being well-led. The staff team lacked cohesiveness and staff morale was generally low. Governance arrangements were ad hoc and did not always operate effectively. There were limited clinical governance arrangements within the practice. Leaders did not ensure action plans were developed when patient complaints or safety incidents occurred. The lack of positive leadership meant meaningful responses to significant incidents, complaints and patient feedback were inadequate. The practice had a number of policies and procedures to govern activity, but some of these were overdue a review. The practice had an active patient participation group (PPG) who were very positive about the practice staff and wanted to help the practice improve communications about changes and development. Some staff had received inductions and most staff had received regular performance reviews.

Inadequate



# 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 inadequate for the care of older patients. The concerns which led to the ratings of inadequate for the domains of safe, effective, caring, responsive and well-led affected all population groups. There were however, some examples of good practice.

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice kept up to date registers of patients' health conditions. The practice had identified 23 patients who were at risk of unplanned hospital admissions and supported these patients to stay well at home, avoiding unplanned hospital admission. The practice had two designated staff who acted as direct contacts for carers with a direct number to the staff offering any assistance needed. The practice actively promotes screening such as bowel screening and has worked on increasing the uptake of screening with non-responders. The practice offers joint injections to help reduce the waiting times for secondary care and to offer a convenient service to their patients.

Inadequate



### People with long term conditions

The practice is rated as inadequate for the care of patients with long term conditions. The concerns that led to the ratings of inadequate for the domains of safe, effective, caring, responsive and well-led affect all population groups. There were however, some examples of good practice.

The practice held information about the prevalence of specific long term conditions within its patient population such as diabetes, chronic obstructive pulmonary disease (COPD), cardio vascular disease and hypertension. This information was reflected in the services provided, for example, regular reviews of conditions with the practice nurse, treatment and screening programmes. A consultant for COPD delivered a clinic to patients from the practice building. The practice has good access for referrals to the smoking cessation service which was also based in the same building. Nursing and healthcare staff offer healthy lifestyle advice. The practice previously offered an anti-coagulation service on site. However, this has now been temporarily taken over and managed by Knowsley clinical commissioning group (CCG) staff as the practice had not fully met its responsibilities in relation to their contract.

Inadequate



# Summary of findings

## **Families, children and young people**

The practice is rated as inadequate for the care of families, children and young patients. The concerns that led to the ratings of inadequate for the domains of safe, effective, caring, responsive and well-led affect all population groups.

Staff had received safeguarding training, however most staff did not know who the safeguarding lead for the practice was. Staff updated patients' electronic records when safeguarding concerns were raised, however they did not know how many children were considered at risk. Staff were unable to demonstrate how they generated or reviewed any type of safeguarding register. The practice held immunisation clinics, post natal baby checks and ante natal clinics with a midwife and eight week child development clinics.

**Inadequate**



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

The practice is rated as inadequate for the care of working age patients (including those recently retired and students). The concerns that led to the ratings of inadequate for the domains of safe, effective, caring, responsive and well-led affect all population groups. There were however, some examples of good practice.

The practice was proactive in offering a range of services that reflect the needs for this age group including: on-line prescription ordering, electronic prescribing and appointment bookings. Health checks were offered to patients who were over 40 years of age to promote patient well-being and address any health concerns. There was no advertising of extended opening times within the practice or on its website. However the practice nurse offered a clinic each Wednesday until 8.15pm. There was no evidence of clinical review or management of this nurse led clinic.

**Inadequate**



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

The practice is rated as inadequate for the care of patients whose circumstances may make them vulnerable. The concerns that led to the ratings of inadequate for the domains of safe, effective, caring, responsive and well-led affect all population groups.

Staff had received training about safeguarding vulnerable adults and they had access to the practice's policy and procedures. However they did not know who the lead for safeguarding was in the practice. The practice did not maintain and keep a register of patients who were also carers. However they had designated staff and a telephone support package to allow certain patients, direct access to staff to enable prompt care and treatment when required.

**Inadequate**





# Summary of findings

The practice had a number of patients from different backgrounds who could also be vulnerable, for example, refugees or economic migrants. Staff used the translation phone line to help communicate and usually booked double appointments for these patients.

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

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia). The concerns that led to the ratings of inadequate for the domains of safe, effective, caring, responsive and well-led affect all population groups. There were however, some examples of good practice.

The practice works with specialist services to review care and to ensure patients received the support they needed. They worked closely with the local, 'Improving Access to Psychological Therapies' (IAPT) service to offer self-referrals and to help reduce non-attendance of appointments. The lead GP is the clinical lead for mental health for Knowsley CCG and promotes up to date standards of care for patients with dementia. The practice offers dementia screening appointments with the practice nurse or health care assistant.

**Inadequate**



# Summary of findings

## What people who use the service say

The National GP Patient Survey results published in July 2015 showed the practice overall was not performing in line with local and national averages. There were 453 survey forms distributed for Dr Peter Ayegba Medical Centre and 109 forms were returned which represents less than 2% of the practice population. The practice scored comparably in some areas of the survey for example, for patients being involved in decisions about their care with their GP and nurse.

- 89.2% of respondents say the last GP they saw or spoke to was good at listening to them compared to the CCG average of 88.1% and the National average of 88.6%.
- 87.4% say the last GP they saw or spoke to was good at explaining tests and treatments compared to the CCG average of 84.5% and the National average of 86.0%.
- 84.8% say the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 89.5% and the National average of 84.8%.
- 92% say the last nurse they saw or spoke to was good at treating them with care and concern compared to the CCG average of 92.6% and the National average of 90.4%.

However the results indicated the practice could perform better in other areas, for example, in having enough time with the GP, nurses listening to them, attitude and helpfulness of receptionists and the overall patient experience when making an appointment. For example:

- 77.5% of respondents say the last GP they saw or spoke to was good at giving them enough time compared to the CCG average of 86.6% and the National average 86.6%.
- 88.4% say the last nurse they saw or spoke to was good at listening to them compared to the CCG average of 93.7% and the National average of 91.0%.

- 77.6% of respondents find the receptionists at this surgery helpful compared with the CCG average of 89.5% and the National average of 86.8%.
- 73.4% describe their overall experience of this surgery as good compared to the CCG average of 85.6% and the National average of 84.8%.
- 51.4% would recommend this surgery to someone new to the area compared to the CCG average of 75.5% and the National average of 77.5%.
- 55.6% of respondents who had a preferred GP usually get to see or speak to that GP compared with the CCG average of 63.9% and the National average of 60.0%.
- 55.2% describe their experience of making an appointment as good compared to the CCG average of 75.1% and the National average of 73.3%.

As part of our inspection process, we asked patients to complete comment cards prior to our inspection. Patient comment cards are delivered to practices two weeks before our announced inspection date. On the day of inspection, no comment cards had been submitted by patients. A member of the inspection team encouraged 27 patients to complete comment cards on the day of the inspection; patients freely offered their opinions. We spoke with 11 patients and two members of the Patient Participation Group (PPG.) Most patients indicated that they found the GPs and nursing staff were helpful and caring, they described their care as very good. However patient's views aligned with the main themes and results of the National Patient Survey. These included that patients felt there were problems accessing the practice by phone, some patients thought the phones must be switched off as they rang for that long. Patients had problems trying to get appointments, they said there were often problems in ordering repeat medications. There was no improvement plan in place at the practice to show what actions were taken in response to patient experiences and opinions.

# Summary of findings

## Areas for improvement

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

- Develop appropriate procedures for recording, acting on and monitoring significant events, incidents and near misses. Ensure that all incidents are fully investigated and any learning from these is applied and shared with all staff
- All patient complaints must be recorded, investigated and responded to in accordance with the practice complaints policy. Findings should be communicated to patients and an apology offered when required. The practice should ensure that learning from complaints is shared with staff and any changes to working practices as a result of learning are implemented.
- Take action to ensure necessary employment checks are in place for all staff and the required information in respect of workers is held securely and can be produced when required. All policies in relation to recruitment must be updated to reflect current legislation.
- Develop appropriate procedures for the safe management of medications and storage of prescriptions. Ensure all staff are competent in management of medicines and that they adhere to appropriate policies.
- Ensure suitable arrangements are in place to safeguard vulnerable adults and children from abuse.
- Implement appropriate processes to ensure the timely review of all patient hospital letters, correspondence and ensure patient's records are accurate and up to date.
- Review the appointment system and staffing levels to ensure there are sufficient numbers of patient

appointments to meet the demands of the local population. Improve processes, and procedures for making appointments. Take steps to address the problems identified at inspection with telephone access to the practice.

- Ensure staff undertake training to meet their needs, including induction when started in their role, training in fire safety, health and safety, managing prescriptions and infection control. Review training records to ensure that all staff have evidence of development with training relevant to their role.
- Clarify the leadership structure and ensure there is leadership capacity at all times to deliver all improvements. Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision. Undertake a programme of quality improvement activity so as to drive improvements in patient outcomes.
- To test the practice's business continuity plan to ensure its effectiveness and that it meets the needs of the practice and is prepared for emergency situations.

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

- To develop an action plan in response to low patient satisfaction in regard to access to the practice via the phone system, accessing appointments, prescriptions for medications and the attitudes of reception staff.
- For staff to have training in the Mental Capacity Act 2005 and Deprivation of Liberty.
- Staff should record regular minutes of meetings with district nurses to discuss the needs of their palliative care patients.

# Dr Peter Ayegba

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) inspector. The team included a CQC pharmacist inspector, a GP specialist advisor and a practice manager specialist advisor and an expert by experience. (Experts work for voluntary organisations and have direct experiences of the services we regulate.) They talked to patients to gain their opinions of what the service was like.

### Background to Dr Peter Ayegba

Dr Peter Ayegba's practice is based in a purpose built facility in a residential area of Huyton, Knowsley close to local amenities. The practice is based in a more deprived area when compared to other practices nationally. The male life expectancy for the area is 76 years compared with the CCG averages of 77 years and the National average of 79 years. The female life expectancy for the area is 79 years compared with the CCG averages of 81 years and the National average of 83 years. The building is shared with three other GP practices and has a community pharmacy on site. There were 4101 patients on the practice list at the time of inspection.

The practice has one lead male GP. A permanent salaried female GP is currently on maternity leave, and a male GP (from a neighbouring practice) is providing temporary cover assisting the practice for three months and Locum GPs are booked when needed. The practice has one practice nurse, one healthcare assistant, a practice manager, and a practice manager (from a neighbouring

practice) temporarily assisting the practice for three months, reception and administration staff. This practice is a teaching practice. The additional assistance of a GP and practice manager from a neighbouring practice had been provided by Knowsley CCG to help the practice manage and develop the service. The practice is advertising for an advanced nurse practitioner as their lead had recently left the practice. The practice had also accommodated medical students for their placements.

The practice opening times are Monday to Friday from 8am to 6.30pm. Appointments are from 8am- 6.30pm. Patients requiring a GP outside of normal working hours are advised to contact the surgery and they will be directed to contact the local out of hour's service. Outside of this time the practice uses Options. Liverpool Community Health delivers the Options GP service for residents in Knowsley.

The practice has a General Medical Services (GMS) contract. In addition the practice carried out enhanced services such as avoiding unplanned admissions to hospital.

### Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

Knowsley CCG and NHS England (NHSE) had carried out a joint visit to the practice 14 July 2015 due to concerns raised. Knowsley CCG issued an improvement plan as they found performance in several areas was below that required. The CCG have provided support and monitoring

# Detailed findings

of the practice including medicines management support and have met with the lead GP on a regular basis over the six month period from July 2015 to December 2015. The CCG had also arranged for a local GP practice in November 2015 to support this service to meet the requirements of the practice performance improvement plan. In November 2015 the CCG advised they noted improvements but had provided the additional support as they wanted to see all aspects of the action plan met sooner than was being anticipated with the work being carried out at the practice.

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on the 6th January 2016. During our visit we:

- Spoke with a range of staff including the GPs, practice nurse, the practice manager, administration staff and spoke with patients who used the service.
- Observed how people were being cared for and talked with patients.
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

- Reviewed information from CQC intelligent monitoring systems.
- Reviewed patient survey information.
- Reviewed various documentation including the practice's policies and procedures.

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)

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.

# Are services safe?

## Our findings

### Safe track record and learning

Staff we spoke with were aware of their responsibilities to raise concerns and how to report incidents. However, there was an inadequate system in place for reporting and recording significant events. Whilst a system was in place the written record of the incident, the information gathered and the risks identified was insufficient and lacked comprehensive detail of the events. For example the lead GP told us that some events had been recorded in their diary with no information regarding how this would be investigated and shared with the practice team. There was no systematic process to review and look at any themes or risks regarding significant events. The practice had recently increased staff meetings to a weekly basis and staff told us that events were shared with them.

However, the recording systems had not captured all significant events; This meant that staff were not alerted to all such events. There was no evidence that events involving patients had been discussed with them and there was no evidence of their Duty of Candour. Before our inspection we asked for the details of all events and complaints over the last 12 months including actions taken and lessons learnt. This information was not complete for all the incidents and complaints we found during our inspection and those reported over the last 12 months.

### Overview of safety systems and processes

We looked at the practice's systems, processes and protocols to keep people safe and noted the following:

- The practice did not have reliable systems in place to safeguard children and adults. Practice training records showed that all staff had received relevant role specific training on safeguarding and safeguarding policies were accessible to staff. However the safeguarding lead for the practice had left two days before the inspection and staff told us they did not know who had taken over as the lead. The lead GP had level three training in safeguarding and informed us they had taken over this role. Staff were unaware of how many children they had registered as 'at risk'. They did not have any systems in place to monitor children at risk. Staff were unable to search their computers to identify patients considered at risk. We carried out searches on the practice's own computer system and located a number of children recorded as 'at risk.' The search facility showed the practice had coded 15 children who had not attended hospital appointments. However, there was no evidence of any follow up action carried out by the practice staff of children not attending their appointments.
- A notice was displayed advising patients that staff would act as chaperones, if required. All staff undertaking chaperone duties had undergone 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).
- Arrangements for managing emergency drugs, the defibrillator and vaccinations were well managed by the practice nurse with regular checks showing safe systems in place. We looked at a sample of vaccinations and emergency drugs and found them to be correctly stored, in date and suitable for use.
- The CCG medicines management team had been supporting the practice for the last six months to help drive up improvements for the management of medications. The CCG staff recognised some improvements and had produced a recent clinical audit checking controlled drugs which resulted in positive outcomes for their safe management. An audit dated 2 November 2015 for repeat prescribing showed areas still in need of improvement. Administration staff discussed their role in ordering and processing repeat prescriptions and referred to a policy that was not in operation and still in draft format. Patient views expressed continued concerns about prescriptions not being accurate or experiencing delays in their requests. For example a patient was told by administrative staff that they could not order their medication until after Christmas despite it being due before the end of December 15. This resulted in the patient being without their medication over the holiday period. The CCG medicines management team also noted a prescribing error in December 15 during their monitoring of the practice. The error had not been picked up by the practice's own staff or checking processes. Neither medication incident had been recorded as yet within the practice's significant event process.
- Storage of blank prescriptions was in a lockable cupboard near the administration area. We observed



## Are services safe?

some blank prescriptions stored on an open shelf near to this cupboard. Staff could not locate their recording book for the audit trail and stock check of these prescriptions. However, following our visit the practice manager sent us visual copies of the last record for August 2015 with the serial numbers of the blank prescription pads. We looked at a sample of prescriptions waiting for patients to collect them from reception. We found at least two patients had medications overdue for collection where despite the practice policy stating after 28 days they should be followed up had not been.

- Representatives from the CCG medicines management team advised us that the anti-coagulation clinic had been temporarily taken over by them as the practice had not fulfilled all parts of their service level agreement. They told us that staff working at the practice had not been provided with necessary training to help assist them with managing this clinic.
- The practice had a recruitment policy. It had not been updated to include all the required checks necessary for the safe recruitment of new staff. The staff files we sampled showed no references, no copies of photographic identification, no medical review, no evidence of interview notes and no induction records.
- **Monitoring risks to patients**
  - The building was leased and had a maintenance person acting on behalf of the landlord to ensure facilities were safely managed and maintained. The practice was purpose built and fully accessible.
  - The practice's health and safety policy dated December 2015 stated the practice would provide information and training to staff and ensure they were trained and competent in any duties they performed. However there were gaps within the staff training records for necessary training such as: health and safety, moving and handling and fire training.
  - All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. Staff we spoke with told us there was enough equipment to help them carry out their role and that it was maintained and in good working order.
- We looked at treatment and consultation rooms and the waiting areas within the practice. Appropriate standards of cleanliness and hygiene were maintained. Patients indicated that they found the practice to be clean. The practice nurse was the infection control lead. The most recent infection control audit carried out by the community infection control team scored the practice as 98%. Minor recommendations for improvement had already been addressed. The report showed a positive result yet it had not been shared with the staff to help inform them of their achievement. Not all staff had received up to date training for infection control, however the practice had already identified this and arranged for updated training for staff for the end of January 2016.
- The practice staff showed us records of arrangements that were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice had struggled with the recruitment and retention of staff and there was evidence of a considerable staff turnover. The salaried GP was on maternity leave and the practice had been using locum GPs to cover her absence. The advanced nurse practitioner had recently left the practice. The practice was left with reduced resources to fulfil the numbers of appointments needed for patients. In November 2015 the CCG arranged for a neighbouring practice to assist the service. They provided GP support from November 2015 to present date, along with a practice manager to help with managing staffing levels and to drive improvements and provide stability within the practice.
- **Arrangements to deal with emergencies and major incidents**
  - There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. Staff received annual basic life support training and there were emergency medicines available in the treatment room. Emergency medicines were easily accessible to staff in a secure area of the practice and staff knew of their location. All the emergency medicines we checked were in date and fit for use.

## Are services safe?

- The practice had a business continuity plan in place for major incidents such as power failure or building damage. However staff told us they had not tested their plan and had not identified any support or neighbouring practice to liaise with in the event of an emergency. Staff told us their initial response would be to contact the CCG in the event of emergencies.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The GPs and nursing staff we spoke with described the rationale for their treatment approaches. They were familiar with current best practice guidance from the National Institute for Health and Care Excellence and from local commissioners.

The practice reviewed any unplanned admissions of patients identified at risk of hospital admission.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). (QOF is a voluntary incentive scheme for GP practices in the UK). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for QOF and performance against national screening programmes to monitor outcomes for patients. The practice nurse and health care assistant managed all aspects of care and follow ups for work relevant to QOF.

QOF results from 2014-2015 showed the practice had achieved 95% of the total number of points available with an overall exception rate of 2.4%. The exception rate had fallen year on year which exceeded both CCG and National levels for 2013/2014. QOF includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.

QOF information for 2014-2015 showed the practice was meeting its targets for areas within health promotion and initiatives.

- Performance for diabetes related indicators for foot examinations was higher than the national averages. For example; the practice rate was 97.13% and the National rate was 88.3%
- Influenza immunisation for diabetes patients was higher than the national averages. For example; the practice rate was 100% and the national rate was 94.45%.

- Performance for measuring the blood pressure of patients with hypertension in the last nine months was higher than the national averages. For example; the practice rate was 88.1% and the National rate was 83.65%.

The CCG medicines management teams had worked with the practice to produce a number of clinical audits, although some clinical staff said they had not seen or been aware of any clinical audits within the practice. Findings were used by the practice to improve some services. Examples of completed audit cycles carried out by the lead GP included:

Monitoring of Domperidone (medication used to treat stomach disorders) prescribed to patients to help ensure compliance with recommended guidelines. The audit showed that 33 patients received this medication. Following the second phase of the clinical audit it showed a reduction in use, with just five patients receiving this medication in January 2016. The full audit cycle including the re audit showed improvements in the care management of these patients.

However we noted that following a Medicines and Healthcare products Regulatory Agency (MHRA) safety alert in August 2012 for a drug called Simvastatin (Simvastatin can be used to decrease the level of cholesterol in the bloodstream), there had been no review of patients, with contraindicated drugs. Searching the practices own systems showed 13 patients were still receiving medications that could interact with Simvastatin such as Amlodipine (Amlodipine can be used to treat hypertension and angina.) There had been no significant progress in reducing the numbers of patients with these medications. This showed risks in adhoc monitoring of patients and a need for clinical governance systems to be reviewed.

### Effective staffing

Staff did not always have the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed members of staff. However within staff files there was limited evidence that newly recruited staff over the last two years had been provided with induction packs or had undergone an induction. Locum doctors did have locum packs which had been recently implemented.

# Are services effective?

## (for example, treatment is effective)

- The practice had regularly supported medical students at the practice to help them through their period of training. The practice received very positive feedback in December 2015 from the School of Medicine. They stated that 92% of their students would recommend their placement to a fellow student.
- Staff had access to basic types of training and in-house learning events such as safeguarding and basic life support. There were gaps in the overall training matrix including topics such as the Mental Capacity Act 2015, medicines management, anticoagulation services and training on updates to the practice computer system. There was no record of any type of developmental training that staff had carried out and staff told us they kept their own records of any training they had organised for themselves. The practice's own training policy stated they would keep a record of all staff training including any that staff had organised themselves.
- GPs were up to date with their yearly appraisals. (Every GP is appraised annually, and undertakes an 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.) There were annual appraisal systems in place for all other members of staff, although one member of staff told us they had not received an appraisal.

### Coordinating patient care and information sharing

Some patient groups who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The practice staff met with district nurses to discuss the needs of their palliative care patients; however the last recorded meeting was August 2015. Staff were unsure why they had not recorded more recent meetings, but felt they could access the district nurse team at any time.

The information needed to plan and deliver care and treatment was not always updated in a timely and accessible way through the practice's patient record system. Incoming mail such as hospital letters and test results should be read by a clinician and scanned onto patient notes by staff. On the day of inspection we reviewed

the practice's own computer search facilities. The practice had 315 letters within their work flow with some letters having been stored there for up to 11 days. We were told that in the last four weeks on one occasion there had been over 800 letters waiting to be processed and added to patient records. Staff told us the backlog had been due to a period of staff sickness. The management team had not recognised the backlog of unchecked patient related correspondence as a significant event that could present risk to patients.

### Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements although staff had not received training for the Mental Capacity Act 2005 and Deprivation of Liberty.

### Supporting patients to live healthier lives

Patients with long term conditions were continuously followed up throughout the year by the practice nurse and health care assistant to ensure they attended health reviews. Patient comments were very positive about the support and advice given to them when attending the practice.

Childhood immunisation rates were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to two year olds ranged from 83.3% to 100% and the CCG averages ranged from 88.6% to 98.2%.

Female patients (25-64), attended cervical screening within target periods and attendance rates were higher than local and national averages. For example the practice rate was 76.8% compared with the CCG average of 73.3% and the national average of 74.3%.

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

We noted that in December 2015 a computer search showed that a patient required referring to a consultant, following the two week rule. (Early diagnosis of a disease may mean more effective treatment and better outcomes. For this reason, where there is a possibility that symptoms could indicate cancer, patients are urgently referred to see

## Are services effective?

(for example, treatment is effective)

a specialist, on what is called a two week pathway.) However the staff member trained to do the referral was on holiday and other staff were unable to process this urgent patient referral. This issue was raised by the practice

manager from another practice supporting Dr Ayegba's team and they were able to action the referral. The management team had not recognised this risk to the patient as a significant event.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed that members of staff were generally courteous and helpful to patients and treated people with dignity and respect. However we noted one example where one staff member was observed to repeatedly speak loudly over the counter to a patient who was unable to stand up.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations.
- The practice did have the facility of a private room if a patient needed a confidential area to discuss their needs.

From the patient comments received on the day of inspection, most patients indicated that they found the clinical staff helpful and polite and they described their care as good. However overall patient comments aligned with less than favourable comments left on the NHS choices website and with the GP National Patient Survey. Patients' comments about dissatisfaction were around particular issues such as appointments, trying to access the practice by phone, reception staff attitudes and problems with requests for prescriptions for medications. Patients suggested that training for reception staff might help with how they dealt and communicated with patients. The practice had not developed an action plan in response to the patient feedback although the lead GP had acknowledged the poor results. The practice had arranged for training in customer services and some staff had already attended this training.

On NHS choices website there were 20 reviews left up to November 2015. Thirteen patients had left negative comments. Some related to staff attitudes and rudeness of staff. The practice had not responded and did not leave any feedback on the website in relation to each of the patients concerns.

The practice staff produced two envelopes with individual responses from their Friends and Family Tests for 2015. The

results had not been summarised or analysed with any type of action plan. There was no evidence that the results of the Friends and Family Test had been shared with patients and staff.

We spoke with members of the Patient Participation Group (PPG) on the day of our inspection. They told us they that they and their families had been with the practice for many years. They were loyal to the practice and to Dr Ayegba. They were motivated to work with the practice to help improve patients' perceptions and experiences of the service. They met with the practice staff on a regular basis and felt they were always listened to. They described how the practice staff had supported them in getting a road crossing installed near to the practice to benefit the patients. They were unaware of some of the developments that had occurred over the last six months within the practice such as the CCG providing support, the advanced nurse practitioner leaving or results from the GP National Patient Survey. They were keen to be part of the developments of the practice and were eager to develop their role. The practice's website does not display minutes for this group but it does invite patients to join the group. The CCG had identified within their improvement plan that the minutes should be accessible and stored within the practices website. PPG members told us that at the meeting in November 2015 the lead GP had discussed with them ways of keeping all patients up to date with developments within the practice. Representatives from the PPG told us they felt listened to and respected for their input.

Results from the national GP National Patient Survey showed poor patient satisfaction in various areas. Patient comments made throughout our inspection were mixed and aligned with some of the positive and negative results of this survey.

The practice scored comparably in some areas of the survey including patients being treated with care and concern by the nurse. For example:

- 92% say the last nurse they saw or spoke to was good at treating them with care and concern compared to the CCG average of 92.6% and the National average of 90.4%.

## Are services caring?

- However the results indicated the practice could perform better in relation to patients overall experiences of the service and in relation to reception staff. For example:
- 77.6% of respondents find the receptionists at this surgery helpful compared with the CCG average of 89.5% and the National average of 86.8%.
- 88.4% say the last nurse they saw or spoke to was good at listening to them compared to the CCG average of 93.7% and the National average of 91.0%.
- 73.4% describe their overall experience of this surgery as good compared to the CCG average of 85.6% and the National average of 84.8%.
- 51.4% would recommend this surgery to someone new to the area compared to the CCG average of 75.5% and the National average of 77.5%.

The practice had arranged for customer care training for staff to help improve patient satisfaction. The CCG had developed a newsletter to explain the support they were providing to the practice however patients did not know about this support or the information leaflet.

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

Patients told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment, and results were comparable with local and national averages. For example:

- 87.4% say the last GP they saw or spoke to was good at explaining tests and treatments compared to the CCG average of 84.5% and the National average of 86.0%.
- 84.8% say the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 89.5% and the National average of 84.8%.

However the results indicated the practice could perform better in in other areas such as:

- 55.6% of respondents who had a preferred GP usually get to see or speak to that GP compared with the CCG average of 63.9% and the National average of 60.0%.

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

The practice computer system did not alert GPs if a patient was also a carer. No work had been carried out to identify how many patients were carers. The practice manager advised this was something they planned to do in the future. However, the practice had designated staff and a telephone support package to allow certain patients direct access to staff to ensure faster access for care and advice. On the day of the inspection patients described good support from staff and how it was invaluable to have the direct number to the staff.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The local Clinical Commissioning Group (CCG) was working closely with the practice to improve outcomes for patients. The practice offered a range of enhanced services such as: avoiding unplanned admissions to hospital and joint injections. The anti-coagulation clinic had been temporarily taken over by the CCG in November 2015 and was managed by the CCG medicines management team. They continued to provide this service at the practice once a week.

Some of the services within the practice were planned and delivered to take into account the needs of different patient groups, namely those services managed by the practice nurse and the healthcare assistant.

- Home visits were available for elderly and housebound patients. These included home visits to undertake long term condition reviews and vaccinations.
- The practice had regular follow ups to identify long term conditions early and therefore improve patient care.
- Urgent access appointments were available for children and those with serious medical conditions.
- The building was purpose built and had disabled facilities allocated parking spaces for disabled drivers close to the entrance of the building. The practice was located in a shared, managed building with three other GP practices. Dr Ayegba's practice was located on the second floor of the building, which was accessed by a lift or stairs.
- Translation services were available.
- The practice had other services onsite including: Chronic Obstructive Pulmonary Disease (COPD) clinics, antenatal clinics, smoking cessation via the chemist and the anti-coagulation clinic.

### Access to the service

Appointments were available from 8am to 6.30pm each day Monday to Friday. This included face to face appointments and telephone consultation appointments. We saw information was available to patients about appointments on the practice website. There was no advertising of extended opening times at the practice. However the

practice nurse offered a clinic on Wednesday of each week which was open until 8.15pm which was nurse led. There was no information to show clinical review or management of this nurse led clinic, or any risk assessment on the lone working of the nurse at these late evening clinics.

Repeat prescriptions could be ordered on-line (although patients told us this was difficult to do on the practice website) or by attending the practice. Patients requiring a GP outside of normal working hours are advised to contact the surgery and they will be directed to the local out of hour's service. The out of hours service is provided by a separate provider called Options. However the patient leaflet had not been updated and still referred to a former out of hour's provider, UC24, which could confuse patients.

Most patients told us they experienced problems accessing appointments when they needed them and in trying to get through to the practice by phone. Their experiences aligned with the data within the National GP Patient Survey and comments left on NHS Choices website.

Results from the National GP Patient Survey published in July 2015 (based on data from July 2014 –March 2015) showed patient dissatisfaction with appointments and opening times. For example:

- 89.1% say the last appointment they got was convenient compared to the CCG average of 95.3% and the National average of 91.8%.
- 37.3% feel they don't normally have to wait too long to be seen compared to the CCG average of 57.6% and the National average of 57.7%.
- 60.7% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 82.6% and the National average of 85.2%.
- 55.2% describe their experience of making an appointment as good compared to the CCG average of 75.1% and the National average of 73.3%.
- 44.8% find it easy to get through to this surgery by phone compared to the CCG average of 77% and the National average of 73.3%.
- 67.1% say the GP surgery currently opens at times that are convenient compared to the CCG average of 79.7% and the National average of 73.8%.
- 63.6% are satisfied with the surgery's open times compared with the CCG average of 81.4% and the National average of 74.9%.



# Are services responsive to people's needs?

## (for example, to feedback?)

- 77.5% of respondents say the last GP they saw or spoke to was good at giving them enough time compared to the CCG average of 86.6% and the National average of 86.6%.

Over the last 12 months the practice had experienced a higher than anticipated staff turnover and continued to experience this with the recent departure of the advanced nurse practitioner. There was insufficient succession planning in place to support the absence created by this and the salaried GP being on maternity leave. The advanced nurse practitioner left the practice the 4th January 2016. This had made a significant impact on the ability of the practice to meet the needs of patients, particularly in terms of appointment availability.

We reviewed appointment availability for weeks beginning the 4th and 11th January 2016. The CCG had identified with the practice an agreement to provide at least 70 appointments per 1000 patients per week. This equated to 290 appointments needed to be provided each week. Staff told us the CCG allowed for at least 50 telephone consultations which could be included in the overall total with 240 face to face appointments.

The week commencing the 4th January 2016 the total number of appointments available including telephone consultations was 216 appointments for the week. The week commencing the 11th January 2016 the total number of appointments available including telephone consultations was 204 for the week. This was considerably lower than the number required to meet patient demand. Administration staff felt they did not have enough appointments within the practice to offer patients and that they suffered the brunt of patient dissatisfaction with this. They told us they didn't feel supported or listened to by the management team.

Some patients suggested that the phone lines were switched off as they rang continuously for such long periods and did not understand why the phone lines were not always answered. During our visit, one of the inspection team observed one of the reception staff turn the phone line on 'mute' while they went to photocopy records. During the course of the morning we only observed one phone ringing in reception, and just one of the two staff present answering the calls. This concern was raised with the management team as the reception staff did not seem to acknowledge any type of risk to patients in muting the phone line.

The practice had not produced a plan to show what actions they were taking to respond to patients' views about the lack of appointments, concerns in relation to not being able to get through to the practice by phone, or to inform patients about reduced appointment availability, how long this may last and what was being done to address this. The practice did try to book the same locum GPs and from November 2015 they had a GP from a neighbouring practice supporting them for four sessions a week over a three month period. Many long standing patients obviously wanted the continuity of seeing a GP they knew. This created delays in patients being able to book with Dr Ayegba as his appointments were being booked up in advance. The lead GP accepted further work was needed to improve patient satisfaction and to provide increased access to appointments.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. There was a designated person who handled all complaints in the practice. There had been a low number of recorded complaints over the last 12 months which we reviewed. Complaints had not been discussed with staff and learning from complaints had not been shared with staff. The practice had a complaints policy dated December 2015 which stated that the lead GP and responsible person would ensure that the practice complies with the complaints procedure and responses to complaints must be signed off by the lead GP and the named responsible person. There was no evidence that action plans were put into place to prevent similar complaints arising, or that shared learning across the practice had taken place. There was no evidence that practice staff had reviewed any themes and patterns that had emerged within their complaints, NHS choices and Friends and Family Tests.

We found a mixture of records in regard to how individual complaints had been managed. One complainant had been sent a written response acknowledging their complaint and a letter of apology. However there was no audit trail or any record to show what actions were taken if any to investigate the complaint.

A second written complaint showed evidence of actions taken by the staff to request input from the medicines management team. However the complainant had not been sent a written response to either acknowledge or conclude their complaint.

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

The practice staff had not always recorded verbal complaints. Staff told us they referred patients to the practice manager or to write into the practice, they did not capture any part of a verbal complaint raised by patients. Staff told us that patients regularly told them they were

unhappy with access to the practice by phone and with appointment availability. Records to capture verbal complaints should be in place and should be reviewed alongside written complaints.



# Are services well-led?

Inadequate 

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

## Our findings

### Vision and strategy

The practice had a mission statement stating they wanted to deliver high quality care and promote good outcomes for patients. Staff did not have an understanding of this mission statement and were unclear about what their responsibilities were in relation to these.

### Governance arrangements

Governance systems in the practice lacked clarity and were in need of being defined to instil quality and improvements. Governance systems needed to be clear to everyone including staff, patients and external organisations to the practice. For example:

- Staff were unsure of the staffing structure and the clinical and management arrangements or their own responsibilities in driving improvements within the practice. Staff were unaware as to who was the practice lead for safeguarding.
- The practice had a system of reporting incidents and significant events but there was no evidence of learning from events or systemic way of reviewing and recording incidents.
- Practice specific policies were still being implemented and made available to staff. Staff were not fully confident in their understanding of these policies, especially with medication policies and recruitment and selection procedures.
- A system of continuous quality improvement activity should be implemented and managed within the practice to help demonstrate improvement to patient treatment and outcomes.
- Practice staff had not received all training necessary for their role.
- Patient feedback had not been prioritised and needed to be effectively managed to respect patient's views. Leaders had not addressed the lack of respect afforded to some patients by staff at the practice.
- The practice had a number of policies and procedures in place to govern activity and these were available to staff on the computer and in hard copies in the offices. Over the last six months the clinical commissioning group

(CCG) and the practice staff brought into help the practice had been trying to update a lot of the practice's policies and procedures. At the time of our visit this work was on-going. At this inspection, we noted the policies and staff competencies needed to be improved, especially in relation to medications and medicines management.

### Leadership and culture

The lead GP had been at the practice over 10 years and was respected amongst his patients. Staffing issues had hampered the practice's ability to offer stability over the last 12 months and had resulted in external organisations coming in to support the practice. Staff and patients needed to have clarity on the leadership within the practice. There had been lack of transparency to staff and patients in relation to the improvement plan developed by Knowley CCG. The lead GP acknowledged they needed to provide a full time presence at the practice to help drive improvements especially for medicines management and clinical oversight to show visible leadership within their practice.

We met most of the staff on duty during the inspection who told us that staff were working within their own, small teams, with no overall team working. Staff told us that morale was low and some staff told us that staff showed little respect for their colleagues. Some staff felt well supported by the lead GP and the practice manager and other staff felt they received no support. Staff said they had not seen the improvement plan from the CCG and told us they were unaware of the developments within the practice.

The practice had faced a number of difficulties over the past year. Staff turnover was not helping the practice in its effort to drive improvement and was hampering the considerable work and support being provided to the practice. The CCG improvement plan acknowledged the poor culture amongst staff over six months ago. They suggested that the practice should look at introducing a model such as the 'Productive General Practice' model to help drive quality and improvement. However there was no evidence the provider had implemented such model or evidence to address the numerous governance issues and staffing problems. We saw that team meetings had been

# Are services well-led?

Inadequate



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

increased to weekly meetings. Staff made their own suggestions during inspection to help improve working relations such as the introduction of team building events and training in 'conflict resolution.'

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

There was a patient participation group (PPG) which met every three months and engaged with the practice staff to raise ideas for improvements to the practice. The PPG members told us they felt fully supported by the practice manager and the lead GP. The practice had carried out Friends and Family Tests twice in 2015.

Staff told us there had been an increase in staff meetings and staff minutes showed that all staff were included and lots of topics were discussed. However increased staff meetings had not managed to bring staff together to work as one team. We asked for minutes of clinical meetings amongst clinicians at the practice, as we only saw minutes

for multi-disciplinary meetings up to August 2015. We have not received any minutes for clinical meetings. Staff told us they had not attended any, other than the recently introduced weekly team meetings.

## Continuous improvement

Training records were incomplete and lacked detail, to show all of the training delivered to staff and all training they were due to undertake or needed to refresh. Training records lacked detail to show the training needs of staff were being sufficiently managed. We looked at a sample of staff files and saw that appraisals had taken place for the majority of staff. The practice hosted medical students and had received very positive feedback from the medical school.

The CCG had developed an action plan that identified areas for improvement with work in progress to help the practice. The latest update to the practice improvement plan dated 5th January 2016 showed areas of improvement but some areas still fell short of being fully compliant on the day of inspection.

## 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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p> <p><b>Regulation 16 1)2)3) Receiving and acting on complaints.</b></p> <p>How the regulation was not being met: There had been a low number of recorded complaints and no evidence that learning from complaints had been shared with staff. There was no record of verbal complaints to reflect the concerns raised by patients during the inspection. There was no evidence that action plans were put into place to prevent similar complaints arising, or that shared learning across the practice had taken place. There was no evidence that practice staff had reviewed any themes and patterns that had emerged within their complaints, NHS choices and Friends and Family Tests.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p><b>Regulation 19(1)(a)(b)(2)(3)(a) Fit and proper person's employed.</b></p> <p>How the regulation was not being met: Some staff files lacked evidence of necessary checks required to show safe recruitment and selection procedures. Some files had no evidence of references, no copies of photographic identification, no medical review, no evidence of interview notes and no induction records.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p>

This section is primarily information for the provider

## Requirement notices

Surgical procedures

Treatment of disease, disorder or injury

### Regulation 18 (1)(2) Staffing

How the regulation was not being met: There was limited evidence that newly recruited staff over the last two years had been provided with induction. There were gaps in the overall training supplied to staff, including topics such as the Mental Capacity Act 2015, medicines management, health and safety, moving and handling, infection control and fire training.

## Enforcement actions

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>You are failing to comply with Regulation 17(1)(2)(a)(b)(c)(d)(e)(f) the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</b></p> <p><b>Good governance</b></p> <p>The practice did not have systems or processes which were established and operated effectively in order to demonstrate good governance on the day of the inspection. There were considerable delays in processing patients records following receipt of hospital letters and test results, significant events had not always been investigated and shared with the practice staff, there was no evidence of any monitoring of children at risk, appointments offered to patients were considerably lower than the basic number required to meet patient demand, there was no evidence to show patient opinions had been effectively managed.</p> <p>You are required to become compliant with Regulation 17(1)(2)(a)(b)(c)(d)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 by 30 June 2016.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>You are failing to comply with Regulation 12, (1)(2)(a)(b)(c)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</b></p> <p><b>Safe Care And Treatment</b></p> <p>Care treatment was not provided in a safe way for patients and the provider was failing to put in place proper and safe management of medicines. Medication</p>

## Enforcement actions

errors had not been identified by the practices own checking systems, patient views expressed concerns about prescriptions not being accurate or experiencing delays in their requests, there was no evidence their concerns had been reviewed by the management team, there was no evidence to show any significant progress in reducing the numbers of patients on specific medications identified within alerts issued by MHRA (Medicines and Healthcare products Regulatory Agency), there was a lack of security of blank prescription pads which raised risks in the potential to mislay these blank prescriptions, there was no standard operating procedures in place to inform staff on how prescriptions should be generated, the provider failed to ensure that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely ensuring the safe management of service user's medicines and prescriptions.

You are required to become compliant with Regulation 12, (1)(2)(a)(b)(c)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 by 30 June 2016.