The Cheylesmore Surgery

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Cheylesmore Surgery on 8 and 15 September 2016. Overall the practice is rated as inadequate.

- Patients were at risk of harm because some of the systems and processes were not in place to keep them safe. For example, recording information regarding monitoring of patients taking high risk medicines, review of all patient safety alerts such as Medicines and Healthcare products Regulatory Agency (MHRA) and recruitment checks on locum doctors undertaking minor surgery.
- Incident reporting was low and as a result there was limited evidence of practice staff learning and communication with all staff. Meetings held with practice staff were ad hoc and not documented.
- Patient outcomes were hard to identify as little reference was made to completed audits or quality improvement.
- Patient feedback on CQC comment cards was positive about interactions with staff and patients said they were treated with compassion and dignity. Whilst the practice had a Patient Participation Group (PPG) they had not obtained a representative sample of patient viewpoints regarding services delivered and any areas which may be identified for improvement.
- Feedback obtained from the National GP Patient Survey showed that patients could access the appointment system and obtain an appointment with their preferred GP.
- Whilst the practice had a leadership structure in place, governance arrangements required strengthening.

The areas where the provider must make improvements are:

- Ensure all significant events, incidents and near misses are identified and reported. Ensure any lessons learned are shared amongst all staff.

Summary of findings

- Review its safeguarding arrangements to ensure that all children of concern have records maintained.
- Implement an effective system to ensure patients prescribed with high risk medicines are monitored appropriately.
- Undertake a risk assessment or make suitable arrangements regarding access to a defibrillator on site.
- Ensure recruitment arrangements include all necessary employment checks for locum staff working within the practice.
- A structured approach must be implemented for those housebound patients with long term conditions to ensure regular reviews take place.
- Implement effective systems or processes for the sharing of information with out of hours services particularly in relation to vulnerable and special patients who may need access to out of hours care.
- Put systems in place to ensure all clinicians are kept up to date with national guidance, guidelines and legislation including the Mental Capacity Act 2005.
- Provide staff with appropriate policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.

The areas where the provider should make improvement are:

- Ensure that the use of prescription pads are monitored within the practice.
- Ensure that all staff are aware of business continuity arrangements in place.
- Review the arrangements for storing medicines; to consider monthly calibration of the vaccine refrigerator or utilising a secondary thermometer to cross check the accuracy of the main thermometer.
- Carry out clinical quality monitoring activities to identify areas where improvements could be made. Improvements in practice should be evident from completed audits undertaken.
- Ensure measures are implemented for the review of patient feedback such as the National GP Patient Survey results. Arrangements should include any responsive action taken by the practice as a result of feedback obtained.
- The provider should review the arrangements in place for identifying carers as a low number had been identified (1.2% of the practice list).
- The provider should review its arrangements for communicating with those patients who have hearing difficulties, as a hearing loop was not installed within the premises.
- Review its arrangements for making contact with bereaved families to offer appropriate support and provide signposting to organisations that may be able to assist.
- Review its arrangements in place with other stakeholders such as the care homes where some practice patients were living with an aim to improve communications and address perceptions of un-responsiveness.

I am placing this service in special measures. Services 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 service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be 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 remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

Summary of findings

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?

Inadequate

The practice is rated as inadequate for providing safe services and improvements must be made.

- There was a system in place for reporting and recording significant events. Two incidents had been reported in the previous twelve months. Although the practice carried out investigations when they recorded unintended or unexpected safety incidents, lessons learned were not communicated widely enough to ensure safety was embedded within the practice.
- When things went wrong, we found these patients had received information and apologies.
- Patients were at risk of harm because some of the systems and processes were not sufficiently in place to keep them safe. These included safeguarding, aspects of medicines management, recruitment processes for locum doctors, the management of unforeseen circumstances and the practice's ability to deal with some medical emergencies.
- Staff were trained to an appropriate level in safeguarding and there was evidence of some external liaison involving children in high risk circumstances. There was insufficient attention to all aspects of child safeguarding however. This presented a risk that not all incidents of concern may be appropriately documented.

Are services effective?

Inadequate

The practice is rated as inadequate for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. The practice had achieved 98% of available QOF points in 2015/16. The practice's overall exception rate reporting was 10.5% which was above the CCG average of 8.5% and national average of 9.8%.
- Whilst we were not provided with documented evidence to show staff assessed needs and delivered care in line with current evidence based guidance, our discussions held with one of the GP partners supported that they stayed up to date. They told us they held informal discussions with other clinical staff.

Summary of findings

- There was limited evidence that audit was driving improvement in patient outcomes. An audit had been undertaken however into minor surgery procedures undertaken. This provided assurance that no complications had arisen as a result of treatment administered.
- Clinical staff had the skills, knowledge and experience to deliver effective care and treatment but we noted exceptions in relation to some of the duties which had been assigned to the healthcare assistant such as patient care planning.Whilst non clinical staff reviewed communication received into the practice relating to patient clinical care, systems required strengthening regarding training and monitoring of staff to perform these tasks. Following our inspection, we were advised that new processes and systems had already been implemented.
- There was evidence of annual appraisals and personal development plans for all staff.
- There was evidence of engagement with other providers of health and social care, but communications required strengthening with out of hours providers of services.

Are services caring?

Requires improvement

The practice is rated as requires improvement for providing caring services.

- Data from the National GP Patient Survey published in July 2016 showed how patients rated the practice with mixed results. This included 93% of patients who said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%. However, in relation to consultations with GPs, it was found that 73% of patients said the last GP they spoke with was good at treating them with care and concern compared to the CCG average of 85% and national average of 85%.
- The practice had not reviewed data from the survey, so analysis had not been undertaken to identify any specific reasons for feedback.
- Patient comment cards we received showed patients were treated with dignity and respect and they were involved in decisions about their care and treatment.
- We found that some adjustments had been made to ensure patients were involved in their care. These included access to translation services and alerts placed on patient records to alert staff of any patients' impairments.

Summary of findings

- We found insufficient information available within the practice to help patients understand the range of services available to them. We did however note that a carers' information leaflet was available for patients.
- We saw that patient confidentiality was maintained.

Are services responsive to people's needs?

Requires improvement

The practice is rated as requires improvement for providing responsive services.

- Practice staff reviewed some of the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice provided an electrocardiogram (ECG) service for its patients and also those living in the wider community where devices were fitted to patients to monitor their heart.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. This was reflected in feedback from the National GP Patient Survey. For example:

  71% patients were usually able to see or speak with their preferred GP compared to the CCG average of 57% and national average of 59%.
- Data also showed that 70% of patients were satisfied with the practice's opening hours compared with the CCG average of 75% and national average of 76%. The practice had not reviewed data from the survey, so analysis had not been undertaken to identify any possible reasons for this feedback. The practice had however, signed up to a new service whereby its patients could access appointments to see a GP or nurse outside of working hours at three other practices.
- The practice had modern facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Our review of two complaints showed that investigations undertaken were not sufficiently detailed or recorded in responses sent to the complainants. We also identified that a significant event notification could have been raised separately as a result of at least one complaint received.

Are services well-led?

Inadequate

The practice is rated as inadequate for being well-led.

Summary of findings

- The practice did not have a clear vision and strategy in place. It did however have an objective to deliver high quality care and promote good outcomes for patients. We found inconsistencies in the achievement of these intentions.
- The practice had a governance framework, although this required strengthening. The practice had a number of policies and procedures to govern activity. There was limited evidence however, that clinical or internal audit drove quality improvement. Whilst some risks to patients had been identified such as infection control, other material risks had not been identified. These included assurance that patients taking high risk medicines had received adequate monitoring.
- There was a clear leadership structure in place. The practice did not hold regular governance meetings however and issues were discussed at ad hoc meetings which were not documented.
- The practice had a Patient Participation Group (PPG) which met regularly with practice staff. Areas of review included the current telephone appointment system which was considered to be working well. The practice had not proactively sought feedback from patients from outside the PPG. This meant that a representative sample of views and opinions from patients on the effectiveness of the service had not been obtained.
- Staff told us there was an open door policy to approach practice management about any issues or to provide informal feedback.

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

Inadequate

The practice is rated as inadequate for safe, effective and well-led. The issues identified as inadequate overall affected all the patients including this population group.

- The practice offered personalised care to meet the needs of the older people in its population. For example, elderly patients who were at high risk of admission into hospital were provided with a personalised care plan. The practice's care co-ordinator held discussions with those patients and was responsible for the review of care plans. After our inspection, we were advised that a new procedure had been implemented which nominated the practice nurse as the lead responsible for care planning with oversight from GPs.
- The practice offered the flu vaccination programme to those housebound patients in their homes.
- Feedback we received from care homes staff included that whilst a positive service was received from practice reception staff, improvements could be made in respect of GP responsiveness to undertake care home visits when requested.
- National data showed the practice was performing below the local CCG and national averages for its achievement within stroke and transient ischaemic attack (TIA) related indicators. Data showed that 78% of patients with a history of stroke or TIA had received a blood pressure reading within the previous 12 months. The CCG average was 87% and national average was 88%.

People with long term conditions

Inadequate

The practice is rated as inadequate for safe, effective and well-led. The issues identified as inadequate overall affected all the patients including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 97% which was higher than the CCG and national averages of 90%. Review of individual indicators showed exception reporting was higher than CCG and national averages in eight of the indicators and below in one.

Summary of findings

- 77% of patients diagnosed with asthma, on the register, had an asthma review in the last twelve months. This was the same as the CCG average and similar to the national average of 76%.
- Practice patients were offered a structured annual review in the practice to check their health needs and medicines were being met. We identified that processes required strengthening in relation to housebound patients as systems were not in place to ensure that all of these patients would receive a check. For example, when nursing staff visited patients at their home to administer a flu vaccination, a review was undertaken opportunistically.

Families, children and young people

Inadequate

The practice is rated as inadequate for safe, effective and well-led. The issues identified as inadequate overall affected all the patients including this population group.

- Safeguarding systems required strengthening to ensure that all vulnerable children were identified to practice clinicians. For example, at the time of our inspection, there was no process in place to identify children who had missed hospital appointments. After our inspection, we were provided with a protocol which had been implemented to show that systems had been strengthened.
- The practice had not held formal meetings with health visiting staff, but we were informed that plans were in place for these meetings to be held within the near future. Ad hoc discussions took place regarding vulnerable children and families. The practice provided reports where necessary to external organisations involved in child protection.
- Immunisation rates for all standard childhood immunisations ranged from 77% to 100%. This was similar to CCG averages which ranged from 82% to 98%.
- Appointments were available outside of school hours and same day appointments prioritised for children under the age of 5 years old. The premises were suitable for children and babies.

Working age people (including those recently retired and students)

Inadequate

The practice is rated as inadequate for safe, effective and well-led. The issues identified as inadequate overall affected all the patients including this population group.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible

Summary of findings

and offered continuity of care. The practice had recently signed up to a service provided by a GP alliance in Coventry where its patients could attend other named practices if they required an out of hours appointment with a GP or nurse. Appointments were available during weekday evenings and during weekends.
- Telephone consultations were available with a GP which benefitted those working age patients and any others who requested this.
- The practice offered screening that reflects the needs for this age group. Data showed that
- C-card screening was offered for young people at the practice from the age of 14 to 25 years. The screening was aimed at promoting healthy sexual activity among young people with the aim to prevent the spread of sexually transmitted diseases.
- A range of contraceptive services were offered to patients. These included implants and coils.

People whose circumstances may make them vulnerable

Inadequate

The practice is rated as inadequate for safe, effective and well-led. The issues identified as inadequate overall affected all the patients including this population group.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. There were 35 patients on the learning disability register, all of these had been offered an annual health check and 34 had received a check during 2015.
- The practice did not adopt a policy where longer appointments could be offered to those who may need them such as patients with a learning disability. Patients were required to request a longer appointment and a decision would be undertaken by the practice.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. We saw documentation to support meetings undertaken.
- We saw limited information within the practice which informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice had identified and registered 83 patients as support carers (1.2% of the practice list).

People experiencing poor mental health (including people with dementia)

Inadequate

The practice is rated as inadequate for safe, effective and well-led. The issues identified as inadequate overall affected all the patients including this population group.

Summary of findings

- 86% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was above the CCG average of 81% and national average of 84%. Exception reporting was 19.2%, whilst the CCG average was 6.3% however and national average was 6.8%.
- Data showed that 91% of patients with a mental health condition had a documented care plan in place in the previous 12 months. This was above the CCG average of 85% and above the national average of 89%. Exception reporting was 4.3% whilst the CCG average was 10.4% and national average was 12.7%.
- The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- One of the practice GPs and the practice nurse had not undertaken Mental Capacity Act training at the time of our inspection. They were therefore unable to demonstrate an understanding of their responsibilities under the Act. This training provides a comprehensive framework for decision making on behalf of adults aged 16 and over who are unable to make decisions for themselves.

Summary of findings

What people who use the service say

The National GP Patient Survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 274 survey forms were distributed and 109 were returned. This represented a 40% response rate.

- 77% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 73% and national average of 73%.
- 86% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and national average of 85%.
- 89% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and national average of 85%.
- 78% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 75% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards, 21 of which were positive about the standard of care received. Comments included that a friendly, good and effective service was provided and a number of comments made reference to particular staff who worked in administrative and clinical roles. We reviewed two comment cards which provided mixed feedback. One of these comments made reference to GPs not always providing the right treatment and one comment made reference to not being able to see a named GP.

The practice's results from the NHS Friends and Family Test showed that since January 2016, 12 patients were likely to recommend the practice and 3 were unlikely to recommend the practice.

Areas for improvement

Action the service MUST take to improve

- Ensure all significant events, incidents and near misses are identified and reported. Ensure any lessons learned are shared amongst all staff.
- Review its safeguarding arrangements to ensure that all children of concern have records maintained.
- Implement an effective system to ensure patients prescribed with high risk medicines are monitored appropriately.
- Undertake a risk assessment or make suitable arrangements regarding access to a defibrillator on site.
- Ensure recruitment arrangements include all necessary employment checks for locum staff working within the practice.
- A structured approach must be implemented for those housebound patients with long term conditions to ensure regular reviews take place.
- Implement effective systems or processes for the sharing of information with out of hours services particularly in relation to vulnerable and special patients who may need access to out of hours care.
- Put systems in place to ensure all clinicians are kept up to date with national guidance, guidelines and legislation including the Mental Capacity Act 2005.
- Provide staff with appropriate policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.

Summary of findings

Action the service SHOULD take to improve

- Ensure that the use of prescription pads are monitored within the practice.
- Ensure that all staff are aware of business continuity arrangements in place.
- Review the arrangements for storing medicines; to consider monthly calibration of the vaccine refrigerator or utilising a secondary thermometer to cross check the accuracy of the main thermometer.
- Carry out clinical quality monitoring activities to identify areas where improvements could be made. Improvements in practice should be evident from completed audits undertaken.
- Ensure measures are implemented for the review of patient feedback such as the National GP Patient Survey results. Arrangements should include any responsive action taken by the practice as a result of feedback obtained.
- The provider should review the arrangements in place for identifying carers as a low number had been identified (1.2% of the practice list).
- The provider should review its arrangements for communicating with those patients who have hearing difficulties, as a hearing loop was not installed within the premises.
- Review its arrangements for making contact with bereaved families to offer appropriate support and provide signposting to organisations that may be able to assist.
- Review its arrangements in place with other stakeholders such as the care homes where some practice patients were living with an aim to improve communications and address perceptions of un-responsiveness.

The Cheylesmore Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our first inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist advisor. During our second visit, our team was led by a CQC Lead inspector, a second CQC inspector, a GP specialist advisor and an IT specialist.

Background to The Cheylesmore Surgery

The Cheylesmore Surgery is located in Quinton Park, which is south of the city of Coventry in the West Midlands.

There is direct access to the practice by public transport from surrounding areas. There are parking facilities on site as well as public parking on street.

The practice currently has a list size of 6909 patients.

The practice holds a General Medical Services (GMS) contract with NHS England. The GMS contract is held between general practices and NHS England for delivering primary care services to the local communities. The practice provides additional GP services commissioned by NHS Coventry and Rugby Clinical Commissioning Group (CCG). A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.

The practice is situated in an area with lower levels of deprivation. The practice has a slightly higher than national average number of children and working aged adults in their 30s. It also has slightly higher than national average number of patients in retirement age.

A lower number of patients registered at the practice are unemployed (1.9%) compared with the local CCG (6.7%) and national averages (5.4%).

The practice is currently managed by two GPs (male and female). The practice also currently has one salaried GP (female). They are supported by one female part time practice nurse and one female healthcare assistant. The practice also employs a practice manager and a team of reception, clerical and administrative staff.

The Cheylesmore Surgery is an approved training practice for trainee GPs. A trainee GP is a qualified doctor who is training to become a GP through a period of working and training in a practice. There are currently two GP trainees working at the practice.

The practice is open on Mondays to Fridays from 8.40am to 1pm and from 2pm to 6.30pm. Appointments are available Mondays, Tuesdays, Wednesdays and Fridays from 8.40am to 12.30pm and from 2pm to 6.15pm. On Thursdays, appointments are available from 8.40am to 12.30pm and from 2pm to 6pm. Extended hours appointments are also available at three other practices within Coventry. These include weekday evenings from 6.50pm up until 9.10pm and during weekend mornings from 9am to 11.40am. Patients can pre-book an appointment with a GP or nurse. The practice is closed at weekends. The practice has opted out of providing GP services to patients from 8am to 8.40am weekdays and out of hours such as nights and weekends. During these times GP services are provided by West Midlands Ambulance Service (WMAS). When the practice is closed, there is a recorded message giving out of hours details.

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 8 September 2016 and a second inspection on 15 September 2016. During our visits we:

- Spoke with a range of staff (GPs, nurse, healthcare assistant, practice manager and reception/ administrative staff).
- Reviewed a sample of 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.

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

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

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

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

Inadequate

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We noted two significant events had been reported within the past 12 months by trainee GPs.
- In the records we were provided with, we saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received information and an apology.
- The practice undertook an analysis of the events with learning points identified. Whilst some discussions were held, we did not find that learning points were reviewed.

One of the significant events recorded involved a vaccination which had passed its expiry date for use. Learning points identified included the review of stocks held to prevent recurrence and a discussion held with clinical staff to check and document batch numbers and expiry dates of medicines administered. Documentation did not support that discussions were followed up and therefore that learning was embedded within the practice.

We reviewed patient safety alerts received and actioned by the practice. The practice manager maintained a log of patient safety alerts which included some Medicines and Healthcare products Regulatory Agency (MHRA) notifications. We were informed that the log included alerts issued since March 2016. We noted however that not all of the MHRA alerts published since this date had been included within this log. We noted that action had been taken in response to alerts recorded. We asked the GP partners about their involvement in actioning MHRA alerts and provided examples which had been published. One of the GPs did not recall an example provided and the second GP did recall a different example, which they stated they had actioned. We tested whether an MHRA alert regarding valproate issued in March 2016 had been subject to a search on the system, but found no evidence that a search had been conducted. We reviewed an anonymised patient record where medicines prescribed had been subject to an MHRA alert. We did not find any records to indicate that the patient had been reviewed as a result of the alert issued.

The practice did not keep documented records of staff meetings held where any incidents or patient safety alerts were discussed. There was limited evidence that lessons were shared and team wide learning took place. The practice did not have a policy in place for the reporting of significant events.

Overview of safety systems and processes

The practice had some systems, processes and practices in place to keep patients safe and safeguarded from abuse, although we noted exceptions.

- We found some arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff and outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. We were informed that routine meetings had not been held with health visiting staff. We were advised that plans were in place to start these meetings. The practice held records relating to external case conferences held and could demonstrate it had provided reports to other agencies where necessary. We looked at anonymised records and found there was insufficient detail in relation to the recording of all aspects of child safeguarding. We found that alert notifications had not been placed on records where there were lower levels of concern about child welfare or on their family members records. We were informed that action would be taken by the practice to strengthen the existing systems in place. Staff we spoke with demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the practice nurse were trained to an appropriate level to manage safeguarding children concerns (All had received level three training).
- Notices in the practice advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks

identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The practice nurse was the infection control clinical lead and kept up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, an audit control action plan had been implemented in June 2016 which identified that a sink was required in the domestic room and this had been fitted.
- We found there were some arrangements for managing medicines, including emergency medicines and vaccines (including obtaining, recording, handling, storing, security and disposal) although we noted exceptions. We looked at the practice's vaccine fridge and noted one thermometer was used. The practice told us they did not use a secondary thermometer and did not calibrate its fridge on a monthly basis. A secondary thermometer is recommended as a method of cross-checking the accuracy of the temperature. We found an exception in relation to patients who were prescribed with high risk medicines. Our review of a small sample of anonymised records included those patients prescribed with methotrexate, lithium, azathioprine and amiodarone. Documentation showed that patients had received monitoring by specialists in secondary care. Practice GPs had not recorded that they had reviewed patient test results before they issued repeat prescriptions for these medicines however. We also found limited records were maintained relating to patient medicine reviews in the records we sampled. For example, in one anonymised record, we found a review had taken place in May 2014 and medicines reauthorised in March 2016 for one year. The record did not indicate if any review had taken place after May 2014. We did not find evidence of shared care protocols in place in the anonymised records we reviewed. Shared care protocols are agreements held between a specialist doctor and a primary care prescriber which identify the responsibilities for managing the prescribing of a medicine. We discussed our findings with one of the GP partners who told us that the practice would undertake an immediate review of all their patients prescribed with high risk medicines to ensure adequate monitoring was in place. The practice carried out medicines audits, with some support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored. We were advised that control information was not recorded in relation to the number of pads held and their sequential numbers. When we discussed this with the practice management, we were informed that they would implement controls immediately.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are documents which permit the supply of prescription-only medicines to groups of patients without individual prescriptions. The health care assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. Patient specific directions are instructions to administer a medicine to a list of individualy named patients.
- We reviewed four staff personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications, registration with the appropriate professional body (where relevant) and the appropriate DBS checks.
- We were informed that locum doctors undertook minor surgery at the practice when this service was required. The practice had not requested evidence of the doctors' identity, qualifications or registration held with their professional body. We were told by practice management that the doctors were known to the senior GP partner and worked locally.

Monitoring risks to patients

There was assessment of some of the risks to patients.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of

substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We were informed that the practice now employed three reception staff which always ensured cover was always in place. We were also told that if the nurse was unavailable to work, the health care assistant would increase the number of clinics operating. The practice had recently signed up to an enhanced service whereby its patients could also pre-book appointments with a GP or nurse at other named practices within Coventry.

Arrangements to deal with emergencies and major incidents

The practice did not have adequate arrangements in place to respond to all 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.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a decommissioned defibrillator on the premises which required replacement batteries. We asked one of the GP partners how the practice would respond in the event of an emergency. We were told that external funding had not been provided for replacement batteries and the practice had not considered it their responsibility to provide these. The practice had not undertaken a risk assessment. Oxygen was available with adult and chidren's masks. A first aid kit and accident book were also available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included information regarding where services could be accessed from in the event of the building becoming unfit for use. Whilst the practice manager was able to produce a copy of the plan, we asked one of the GP partners of their knowledge of the plan. The GP told us that he was unaware of the plan.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

We were not provided with documented evidence to support that the practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards.

- The practice did not have a structured process in place to keep all clinical staff informed of updates to current guidelines. One of the GP partners we spoke with told us they stayed up to date with guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to deliver care and treatment that met patients' needs. We were provided with an example of this. They told us that they verbally shared this information with other GPs working within the practice but a process had not been adopted for the formalisation and recording of discussions held.
- The practice could not provide us with evidence to show that they monitored that these guidelines were followed through risk assessments, audits or random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available. The CCG average was 94% and national average was 95%. The practice had 10.5% overall exception reporting which was marginally above the CCG average of 8.5% and national average of 9.8%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data from 2015/16 showed:

- Performance for diabetes related indicators was 97% which was higher than the CCG and national average of 90%. Exception rate reporting was above CCG and national averages in eight of the indicators and below in one.
- The percentage of patients with a diagnosis of depression who had received a review close to their diagnosis was 100%. This was above the CCG average of 83% and national average of 83%. Exception rate reporting was 50% however, whilst the CCG average was 23% and national average was 22%.
- 91% of patients with a mental health condition had a documented care plan in place in the previous 12 months. This was above the CCG average of 85% and above the national average of 89%. Exception reporting was 4.3%, whilst the CCG average was 10.4% and national average was 12.7%.
- 97% of patients recorded in the heart failure indicators had a confirmed diagnosis of heart failure. This was similar to the CCG and national average of 95%. Exception reporting was 3.2%, whilst the CCG average was 4.8% and national average was 4.4%.
- 97% of patients with rheumatoid arthritis had received a face to face review in the previous 12 months. This was above the CCG and national averages of 91%. Exception reporting was 4.9%, whilst the CCG average was 4.5% and national average was 7.5%.

We discussed the arrangements in place for reviews of housebound patients with long term conditions registered with the practice. We were advised that reviews took place by the practice nurse and healthcare assistant. We looked at information held on a sample of anonymised records and spoke with practice staff. This showed that an opportunistic approach was adopted. For example, patients received a review if they were visited for the flu immunisation to be administered. We were not provided with evidence to show that a structured approach had been put in place for those who did not receive the flu vaccination. When we discussed this with one of the GP partners, we were told that measures would be implemented to ensure a structured approach to the management of these patients.

There was limited evidence of quality improvement including clinical audit.

- We were not provided with evidence of any clinical audits which had been completed within the last two years. We were however, provided with one incomplete audit. The audit, undertaken in May 2016 involved the review of patients prescribed with a high risk medicine, to identify how many had received adequate monitoring

within the last six months. The audit identified that seven out of ten patients had received monitoring. The audit provided recommendations. These included that further analysis was required to ascertain why three of the patients had not been adequately monitored. A recommendation was also included regarding the implementation of system controls to reduce future risk of insufficient monitoring. The audit did not contain a completed action plan and did not include detail as to whether findings had been discussed amongst practice clinicians. We were not provided with additional documentation to show any subsequent actions taken and were not informed of any plans in place to complete the audit.

- We were provided with data relating to patients with new cancer diagnoses. Whilst the practice had identified this as a suitable topic for an audit, the documentation did not include reasons for the purpose of the audit, any learning points obtained as a result or a completed action plan.
- A minor surgery audit had been undertaken by one of the locum doctors working within the practice. An outcome from the audit included that there were not any recorded wound complications in 36 patients who were treated over the previous 12 months.

Effective staffing

Clinically trained staff had the skills, knowledge and experience to deliver effective care and treatment, but we found exceptions in relation to non clinical staff.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. We spoke with the practice nurse who provided us with information to show she had attended recent training. This included an update in her respiratory knowledge.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. All staff had received an appraisal in the last 12 months. We identified that some staff had access to appropriate training to meet their learning needs and to cover the scope of their work. We found exceptions in relation to the absence of a structured training programme for administrative/reception staff. We were advised that administrative staff were responsible for the review of clinical letters received into the practice and made decisions regarding the re-direction to a clinician or attachment to the appropriate patient record. We were informed that reception staff were responsible for decision making as to whether patients received a face to face appointment with a GP or an initial telephone consultation with a GP. We reviewed written training material provided to these staff and spoke with a member of the reception team. The training documentation provided did not contain sufficient detail regarding the decision making processes to be deployed by these non clinical staff. We were advised that a member of the team had attended external training in respect of the patient appointment system used. They were tasked with training others within the team. Whilst the member of staff we spoke with was positive regarding the open door approach to speak to a GP when queries arose, training provided was informal, not routinely monitored and not documented.
- We were informed that the healthcare assistant also had a role as the practice's care co-ordinator. This role involved contacting patients who had been discharged from hospital and updating patient care plans. For those patients close to the end of life, care planning included obtaining the patients' preferred place of death. Whilst we were advised that the health care assistant had open door access to a GP to discuss any areas of care planning and felt supported to do so; the responsibilities of this role were not appropriate for a health care assistant. We discussed this with the senior GP partner and were told that a decision had been made to assign the review of care planning to the

practice nurse. We were advised that all care plans would be reviewed by October 2016 and responsibility for end of life care planning would be undertaken only by GPs.

- All staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. The senior GP partner informed us that a recent decision had been made to change the IT system to one more commonly used within primary care practices. It was envisaged that a new system would improve accessibility to patient information stored and would provide additional tools to assist clinicians when providing care and treatment for patients. The existing system used provided access to care and risk assessments, care plans, medical records and investigation and test results. The system also allowed for the sharing of relevant information with other services, for example, when referring patients to other services.

We reviewed documentation which evidenced that staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a bi-monthly basis when care plans were reviewed and updated for patients with complex needs. We were provided with some minutes taken from these meetings held.

We asked one of the GP partners about the arrangements in place for the sharing of information with out of hours services. We were informed that a process was not in place for the sharing of care plans or information relating to vulnerable or special patients who may access out of hours services. We were advised that extended hours services had access to the practice's computer system.

Consent to care and treatment

We found that some staff sought patients' consent to care and treatment in line with legislation and guidance.

- One of the GP partners we spoke with demonstrated they understood the relevant consent and decision-making requirements of the Mental Capacity Act 2005. The second GP partner and the practice nurse told us they had not yet undertaken this training. They were therefore, unable to provide us with their understanding of the Act if a patient presented who appeared to lack capacity to consent. The practice had registered patients living in a learning disabilities home. We discussed deprivation of liberty safeguards (dols) with the second GP partner. The Mental Capacity Act allows restraint and restrictions to be used on a person, but only if it is in their best interests. This is referred to as the deprivation of liberty safeguards. The GP informed us that he had also not undertaken training in this area. He told us he was unaware if any practice patients living in care homes were subject to deprivation of liberty safeguards.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- We saw evidence that consent was recorded in patients' records. The audit undertaken of minor surgery included that written consent had been obtained for all procedures.

Supporting patients to live healthier lives

The practice clinicians identified patients who attended the practice and may be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 81%, which was the same as the CCG average and national average. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice then placed a note on a patient's file if they did not make contact. The practice ensured a female sample taker was available.

Inadequate

Are services effective?

(for example, treatment is effective)

Data showed that uptake for bowel cancer screening in the previous 30 months was 65% which was above the CCG average of 59%. Data from 2015 showed that uptake for breast cancer screening in the previous 36 months was 76% which was above the CCG average of 71%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 77% to 100% within the practice. The CCG rates varied from 82% to 98%. Five year old vaccinations ranged from 93% to 99% within the practice. The CCG rates ranged from 93% to 98%.

Data supplied by the practice showed that flu vaccination rates in 2016 for the over 65s were 68% (CCG average 69%) and at risk groups 47% (CCG average 47%).

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

Requires improvement

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private area to discuss their needs.

We reviewed 25 patient Care Quality Commission comment cards which were received. We noted that the majority of responses included positive comments about the service experienced. Patients said they felt the practice offered a professional service and staff were helpful, caring and treated them with dignity and respect. One comment card made reference to reception staff attitude being unhelpful.

We spoke with several members of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice who worked with the practice team to improve services and the quality of care. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the National GP Patient Survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was mixed in its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 89% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 73% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 85%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Whilst feedback was generally in line with local and national averages, the practice received above average feedback for reception staff helpfulness. We also noted that lower satisfaction scores were received for patients regarding the care and concern received from GPs. We discussed the National GP Patient Survey with the practice management. They informed us that they had not reviewed the survey. We were told that efforts were taken to review Friends and Family Test feedback and discussions were held with members of the PPG to obtain their views on services provided.

Care planning and involvement in decisions about care and treatment

The majority of the patient feedback from the comment cards we received was positive and indicated that these patients felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. We also saw that care plans were personalised.

Results from the National GP Patient Survey showed how patients responded to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages. For example:

- 78% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 82%.

Requires improvement

Are services caring?

- 81% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Reception staff spoke a number of languages to assist patients who made contact with the practice.
- Alerts were placed on patient records if they had a visual or hearing impairment so staff were aware when the patient required an appointment or treatment. We were informed that the practice did not have a hearing loop installed however.
- The practice website contained a translation feature so information could be read in a number of different languages.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices about support groups and organisations were not made available in the patient waiting area with the exception of a notice for a local counselling service. We were informed that there was insufficient room available to hold this information. We did not find other information available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 83 patients registered as support carers (1.2% of the practice list). The practice had a protocol for identification and referral of carers who were signposted to a local carers' organisation for information, advice and support. Written information was available to direct carers to the various avenues of support available to them. This was also included on the practice's website.

Staff told us that if families had suffered bereavement, they would need to make contact with the practice to make an appointment. Advice on how to find a suitable support service would then be provided to those who required it.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered a range of telephone and face to face consultations during Mondays to Fridays. Urgent appointments were available on the same day for those who required them.
- Appointments were available from 8.40am until 6.15pm on weekdays at the practice which provided some flexibility to those who worked during daytime hours.
- Extended hours appointments were also available in the evenings and during weekends for patients at three other practices. These pre-bookable appointments were available with a nurse or GP.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice offered the flu vaccination programme to housebound patients in their homes.
- The practice provided a community electrocardiogram (ECG) service for its patients and other residents living in Coventry or Rugby. The ECG is a test which monitors a patient's heart whilst they undertake normal activities. Practice patients and residents living within these areas could attend for fitting of the device. The practice was also able to download results obtained from the test.
- Patients who required phlebotomy services (blood taking) could be referred to a provider which was located in the same building as the practice.
- A range of other services were available within the practice building which patients could be referred to. These included physiotherapy and a pain management clinic.
- The practice offered minor surgery, such as the removal of skin lesions and joint injections to those patients who would benefit.
- A range of contraceptive services were offered to patients. These included implants and coils.
- There were disabled facilities available in the newly modernised practice building.

Access to the service

The practice was open on Mondays to Fridays from 8.40am to 1pm and 2pm to 6.30pm. Appointments were available Mondays, Tuesdays, Wednesdays and Fridays from 8.40am to 12.30pm and from 2pm to 6.15pm. On Thursdays, appointments were available from 8.40am to 12.30pm and from 2pm to 6pm. Out of hours cover arrangements were in place outside of the practice's opening hours. Extended hours appointments were provided during weekday evenings from 6.50pm up until 9.10pm and during weekend mornings at three other practices in Coventry. In addition to pre-bookable appointments that could be booked up to one week in advance, urgent appointments were also available for people that needed them. We were advised that the practice considered the appointment system they had developed to be effective. Patients would either receive telephone triage with a GP, a telephone appointment with a GP or a face to face consultation with a GP. The results from the NationalGP Patient Survey supported this.

Results from the National GP Patient Survey published in July 2016 showed that patients' satisfaction with how they could access care and treatment was above local and national averages with the exception of opening times.

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 76%.
- 77% of patients said they could get through easily to the practice by phone compared to the CCG average of 73% and national average of 73%.
- 71% of patients were usually able to see or speak to their preferred GP compared to the CCG average of 57% and national average of 59%.

Comment cards completed showed that the majority of patients were satisfied with access to the practice although one comment made did not support this.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

We were informed that a decision was made by one of the practice GPs prior to undertaking a home visit. The patient or carer requesting the visit was telephoned in advance so information could be obtained to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

We spoke with staff who worked at two of the care homes where the practice had registered patients. Feedback we received was positive regarding reception staff but particular GP clinicians were identified as not operating responsively. We were told that staff had shown poor attitude and reluctance at times to visit patients when requested. One care home staff member told us they had previously considered contacting other providers of services including paramedics, despite non urgent treatment being required.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that some information was available to help patients understand the complaints system which included on the practice's website.

We looked in detail at two complaints received in the last 12 months and found that they were dealt with in a timely way, apologies offered and information was provided for how to progress the complaint if the patient remained dissatisfied. In the two complaints we reviewed however, we found that investigations undertaken were not sufficiently detailed or recorded in the responses sent to the complainants. For example, one complaint involved patient dissatisfaction with care and treatment received. We noted that whilst a response had been provided, the specific points raised in the complaint had not been addressed. In a second complaint we looked at, we found that this should have been raised as a significant event. We looked at a summary of complaints received and noted that some learning outcomes were included. For example, a complaint regarding access to medical records resulted in practice staff learning as to the procedure to be followed if another similar event arose in the future.

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 did not demonstrate that it had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had an objective to deliver high quality NHS General Medical Services (GMS) to patients registered with the practice. We found inconsistencies in the achievement of these strategic intentions. For example, limited significant event recording and investigating, insufficient monitoring of patients on high risk medicines and the practice's ability to respond to an emergency if an incident arose.
- The practice had not developed its strategy or implemented business plans at the time of our inspection. We were however, provided with a statement of intentions after our inspection had taken place. This stated that the practice intended to improve protocols and procedures to ensure patient safety as well as improve patient care. The practice had ongoing plans to expand its patient list and recruit more staff.

Governance arrangements

The practice had a governance framework, although this required strengthening.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- We were provided with limited evidence of clinical and internal audit to show monitoring of quality and improvements made to patient care as a result. We noted that the practice had however, reviewed minor surgical procedures undertaken which identified that patients had not required further treatment for any complications or infections.
- An understanding of some of the performance of the practice was maintained which was reflected in QOF achievements and other positive CCG prescribing data. However, the practice had not reviewed other performance data such as the National GP Survey.
- There were arrangements for identifying, recording and managing some risks, issues and mitigating actions. For example, infection control processes, substantive staff recruitment procedures and building risk assessments such as fire and legionella. We found systemic weaknesses in governance systems however, as a number of risks to patients had not been recognised. These included assurance that patients receiving high risk medicines had been appropriately monitored and ensuring that all patient safety alerts issued had been actioned within the practice.

Leadership and culture

The practice was led by two partners. They were supported by other clinical staff and a practice manager.

Areas were identified where strong leadership was required to ensure an effective and consistent approach to all issues was adopted by practice management. For example, the practice management had not adopted a structured approach to planning practice meetings and any meetings held were informal and not documented. There were low levels of incident reporting and limited evidence of staff learning as a result.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice had some systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people information and a verbal or written apology.
- The practice kept records of written correspondence.

There was a leadership structure in place and staff said they felt supported by management. We found areas where staff engagement required strengthening.

- Staff we spoke with told us they would like the practice to hold regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues with the practice manager or partners and felt confident and supported in doing so.
- Staff said they felt respected and supported, particularly by the partners in the practice. Staff were not formally involved however, in discussions about how the practice delivered its services or how services could be developed.

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

Are services well-led?

Inadequate

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

The practice encouraged some feedback from patients through the Patient Participation Group. (PPG). A PPG is a group of patients registered with the practice who worked with the practice team to improve services and the quality of care. There was limited evidence of feedback sought from the public and staff however to inform the direction and delivery of the service.

- The practice had gathered feedback from the PPG which met regularly with staff. The PPG was formed of around 8 patients. They had not undertaken any patient surveys within the practice to obtain the wider views and opinions of patients registered. This meant that the views given by the PPG were only representative of this sample of patients. The PPG had been consulted for their views on the telephone appointment system and feedback received showed patients were satisfied with the current system. As a result of one PPG meeting held, the practice made a decision to further promote its flu clinics held as it was identified that this information had not been cascaded widely enough.
- Staff told us they could informally provide feedback if necessary and discuss any concerns or issues with colleagues or management.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The arrangements for assessing the risks to the health and safety of service users receiving care or treatment were not sufficiently in place. For example, we identified that not all patients prescribed with high risk medicines had been subject to regular monitoring and review to ensure their health needs and requirements were met. We identified that there were ineffective systems and processes for the administration of patient safety alerts. This meant that not all patient health needs and requirements were being met. This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The arrangements in place to assess, monitor and improve the quality and safety of the services provided were not operating effectively enough. For example, the practice had not ensured that all incidents were identified, recorded and followed up with evidence of shared learning. The systems in place for staff learning from guidance and ensuring compliance with all legislative requirements were not effective. Not all staff had received sufficient qualifications or training to act within the scope and

This section is primarily information for the provider

Requirement notices

responsibilities of their roles. Recruitment processes were not in place for locum staff working in the practice to show they were qualified, registered or fit to undertake their roles.

Arrangements for communications with providers of other healthcare services were not operating effectively enough to ensure that patient care needs were prioritised. Safeguarding processes were not working effectively enough to ensure that all vulnerable patients were identified and managed appropriately. Systems had not been implemented to ensure that housebound patients were identified for appropriate review of their healthcare needs. The provider had not assessed the risk of emergency equipment being unfit for use in the event of it being required.

This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.