Dunstan Village Group Practice

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dunstan Village Group Practice on 20 April 2017. Overall the practice is rated as requires improvement. The practice is rated as requiring improvement for providing safe and well led services; and good for providing effective, responsive and caring services.

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

- The practice is situated in a purpose built health centre shared with another practice. The practice was clean and had good facilities including disabled access and a hearing loop.
- A high number of patients could not speak English and the practice used interpreters and translation services and offered longer appointments when necessary.
- The practice was delivering minor surgery, a regulated activity they were not legally registered for with the Care Quality Commission.
- Some staff had not received relevant recruitment checks including 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 had recently participated in a local scheme with the medicines management team to improve prescribing safety, using the most cost effective medicines, and to improve outcomes. However, the practice did not have a robust recording system to deal with patient and medication safety alerts.
- Although there was a system for reporting and recording significant events, there were some incidents that had not been reported or recorded appropriately. The practice did not analyse significant events over time to identify any trends to prevent reoccurrence.
- Staff received training relevant to their role however the non-clinical staff and nursing staff had not received safeguarding training relevant to their role or Mental Capacity Act training.
- The practice had arrangements to respond to emergencies and major incidents.

Summary of findings

- Patients' needs were assessed and care was planned and delivered in line with current legislation.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- There was no information about how to complain displayed in the waiting room or on the website and patients had to request this at reception. The information available at reception needed to be updated to incorporate the details of who the patient could complain to if they were not happy with the service provided. The practice sought patient views about improvements that could be made to the service; including having a patient participation group (PPG) and acted, where possible, on feedback.
- The staff were dedicated to providing person centred care and worked well together as a team. However, the governance arrangements for the practice needed improving in order to deliver care safely.

There was an area of outstanding practice:

- The practice recognised the benefits of exercise to patients' health and was working towards every patient receiving advice during a consultation. The practice carried out consultation audits to help achieve its aim.

The areas where the provider must make improvements are:

- Ensure they are correctly registered with the CQC and improve their understanding of the regulations.
- Ensure all staff have appropriate recruitment checks prior to employment and maintain recruitment records.
- Ensure governance systems for the practice are improved to outline roles of accountability, improve adherence to protocols; and improve the records for monitoring systems to ensure patient safety. For example, monitoring systems for training, recruitment, cleaning of the premises and managing uncollected prescriptions and significant events. In particular, the practice must improve the current system in place for cascading and recording actions taken as a result of receipt of a medication safety alert; and to also check they have acted on previous safety alerts.

The areas where the provider should make improvements are:

- Make information about how patients can make a complaint readily available.
- Update the complaints procedure to incorporate the choice of contact details of who the patient can complain to if they are not happy with the service provided.
- Ensure all staff receive safeguarding training and Mental Capacity Act training appropriate for their role.
- Keep records of the stock and use of blank prescription forms for home visits.
- Improve the number of patients identified and registered as carers.
- Improve the contents of the locum information pack so that locum GPs have access to all necessary information.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services. This was because:-

- Some staff had not received relevant recruitment checks including 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 had recently participated in a local scheme with the medicines management team to improve prescribing safety, using the most cost effective medicines, and to improve outcomes. However, the practice did not have a robust monitoring and recording system to deal with patient and medication safety alerts.
- Although there was a system for reporting and recording significant events, there were some incidents that had not been reported or recorded appropriately. The practice did not analyse significant events over time to identify any trends to prevent reoccurrence.
- The non-clinical staff and nursing staff had not received safeguarding training relevant to their role.

However, the practice was clean and tidy and had arrangements in place to respond to emergencies and major incidents.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Staff were aware of current evidence based guidance.
- Staff received in house training and had access to practice policies. However, more information could be included to guide locum GPs in the locum pack. The practice were currently developing a training matrix to give an overview of any gaps in training so these could be addressed.
- Clinical audits demonstrated quality improvement.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

Good

The practice is rated as good for providing caring services.

Summary of findings

- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- A high number of patients could not speak English and the practice used interpreters and translation services and offered longer appointments when necessary.
- Patients we spoke with 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was no information about how to complain displayed in the waiting room or on the website and patients had to request this at reception. The information available needed to be updated to incorporate the details of who the patient could complain to if they were not happy with the service provided. Learning from complaints was shared with staff.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led. This was because:

- There was no overarching clinical governance policy. There were policies and protocols that all staff could access on the computer system. However, some protocols were not followed.
- There were limited records of monitoring systems to ensure safety. For example, records of monitoring systems for cleaning of the premises, safety alerts and incidents, managing uncollected prescriptions, staff training and recruitment needed improvement.

However,

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

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

The practice is rated as requires improvement for providing services for older people. This is because the practice is rated as requires improvement for providing safe and well- led services. Concerns which led to these ratings apply to everyone using the practice, including this population group.

However, the practice offered proactive, personalised care to meet the needs of the older people in its population and offered home visits and care home visits. The practice participated in meetings with other healthcare professionals to discuss any concerns. There was a named GP for the over 75s. The patient participation group (PPG) had helped organise a Winter Warmth awareness day.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for providing services for people with long-term conditions. This is because the practice is rated as requires improvement for providing safe and well- led services. Concerns which led to these ratings apply to everyone using the practice, including this population group.

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

Families, children and young people

Requires improvement

The practice is rated as requires improvement for providing services for families, children and young people. This is because the practice is rated as requires improvement for providing safe and well- led services. Concerns which led to these ratings apply to everyone using the practice, including this population group.

There were safeguarding policies but these needed improvement and non-clinical staff and nurses had not received training relevant to their role.

The practice carried out child immunisations and children who required urgent attention would be seen on the same day.

Summary of findings

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for providing services for working age people (including those recently retired and students). This is because the practice is rated as requires improvement for providing safe and well- led services. Concerns which led to these ratings apply to everyone using the practice, including this population group.

However, the practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for providing services for people whose circumstances may make them vulnerable. This is because the practice is rated as requires improvement for providing safe and well- led services. Concerns which led to these ratings apply to everyone using the practice, including this population group.

However, the practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice offered longer appointments for patients with a learning disability. Staff had received visual equality training and there was a hearing loop available.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for providing services for people experiencing poor mental health (including people with dementia). This is because the practice is rated as requires improvement for providing safe and well- led services. Concerns which led to these ratings apply to everyone using the practice, including this population group.

However, patients experiencing poor mental health received an invitation for an annual physical health check. Those that did not attend had alerts placed on their records so they could be reviewed opportunistically.

Staff had received dementia awareness training and the patient participation group (PPG) had helped organise a dementia awareness day.

Summary of findings

What people who use the service say

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 13 comment cards which were all positive about the standard of care received. Patients commented that staff were very helpful and treated them with dignity and respect and treatment options were fully explained.

We spoke with four patients during the inspection who told us they were satisfied with the care they received and thought staff were approachable, committed and caring.

We reviewed information from the NHS Friends and Family Test which is a survey that asks patients how likely they are to recommend the practice. There had been 15 responses since September 2016, 14 of which were extremely likely or likely to recommend the practice and one response was unsure.

Dunstan Village Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector**.**The team included a GP specialist adviser and a GP observer.

Background to Dunstan Village Group Practice

Dunstan Village Group Practice is based in a deprived area of Liverpool. There were 6247 patients on the practice register at the time of our inspection. More than half the patient population were from a large diverse variety of ethnic groups and a high number of patients could not speak English.

The practice is a training practice managed by an individual GP and there are three salaried GPs. The practice occasionally uses locums.There are two practice nurses and a nurse practitioner. Members of clinical staff are supported by two practice managers, a deputy manager, reception and administration staff.

The practice is open 8am to 6.30pm every weekday.

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

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

Why we carried out this inspection

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

How we carried out this inspection

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

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)

Detailed findings

- people whose circumstances may make them vulnerable
- People experiencing poor mental health (including people living with dementia).

The inspection team :-

- Reviewed information available to us from other organisations e.g. local commissioning group.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 20 April 2017.
- Spoke to staff and representatives of the patient participation group.
- Reviewed the practice's policies and procedures.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

Although there was a system for reporting and recording significant events, there were some incidents that had not been reported or recorded appropriately. Those that were reported and recorded were analysed and discussed at clinical meetings to share any learning. However, there was no evidence that the practice analysed significant events over time to identify any trends to prevent reoccurrence.

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

The practice did not have a robust system to review and record actions taken as a result of patient and medication safety alerts. We were given an example of how the practice had dealt with one medication safety alert. There were no supporting records available at inspection to outline procedures in place such as a log of alerts and actions taken as a result.

Overview of safety systems and processes

- There were safeguarding policies available but these did not outline who to contact for further guidance if staff had concerns about a patient's welfare. There was additional flowcharts with contact numbers in the consulting rooms. The practice had produced its own safeguarding children leaflet for ease of reference for staff and patients. There was a lead GP for safeguarding vulnerable adults and children. Staff demonstrated they understood their responsibilities however; non-clinical staff and nursing staff had not received training relevant to their role. Health visitors were invited to attend safeguarding meetings to discuss any concerns.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role but some had not received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice was clean and tidy. Cleaning schedules were in place but there was no formal monitoring system for the cleaning of the premises and equipment. One of the GPs was the infection control clinical lead. There was an infection control policy and staff had received up to date training. An infection control audit had been undertaken by the local infection control team and action plans were in place to address any shortfalls. However, the practice did not carry out their own infection control audits. There were appropriate clinical waste disposal arrangements in place.
- The practice had recently participated in a local scheme with the medicines management team to improve prescribing safety using the most cost effective medicines and to improve outcomes. The practice was in the process of updating its repeat prescribing process as a result. Emergency medication and vaccines were checked for expiry dates.
- Prescription pads used for printers were securely stored and there were systems in place to monitor their use. However, it was unclear whether all prescription pads used for home visits were securely stored as we were told some were kept in GP rooms and in addition there was no log of what blank prescriptions were available on the premises. We were told by some staff these were rarely used. However, without a log of serial numbers, there was a risk that the provider may not be aware of any misuse of blank prescriptions.
- We reviewed four personnel files and found a lack of recruitment checks had been undertaken prior to employment. For example, some files were missing proof of identification, references, registration with the appropriate professional body, medical fitness and the appropriate checks through the DBS. We were only shown two DBS certificates for the staff team and there was no evidence to support the checks had been sought at the point of recruitment or a risk assessment to support the rationale for not having a check for the other staff. We were advised that clinical staff had DBS checks from their previous employers or assumed if on the local GP performers list. We were advised that DBS checks for all staff had been requested back in February 2017 but that there had been a delay in the processing.

Requires improvement

Are services safe?

We were informed on the day of inspection that this was being actively chased up. We were sent evidence of DBS checks for all the GPs the day after our inspection but not for the nursing staff.

Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception area but this did not identify local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire safety equipment tests and fire drills. Staff were aware of what to do in the event of fire and had received fire safety training as part of their induction.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH) 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. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- All staff received annual basic life support training and there were emergency medicines available in one of the treatment rooms.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was first aid kit and accident book available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

Management, monitoring and improving outcomes for people

There was evidence of quality improvement including clinical audit. For example, the practice carried out medication audits, for example antibiotic audits.

The practice had carried out an audit for discussing the importance of exercise for patients wellbeing during consultations. The practice aimed to make sure all patients received information at least once a year. The practice had used additional information in the waiting room to promote patient education.

The practice had worked with the local medicines management team to reduce the cost of the prescribing and decrease wasted medication. This had also been discussed with the patient participation group and posters were displayed in the waiting room to educate patients. The practice had successfully reduced the amount spent on prescribing.

Effective staffing

- 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. There were GP locum induction packs available but the content of this needed improving.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.
- Staff received training that included: safeguarding, fire safety awareness, and basic life support and information governance. Staff received training mainly by in-house training but there were plans to have on line training available. There were some gaps in training such as not all staff had received safeguarding training applicable to their role and had not received training in the Mental Capacity Act. A training matrix to oversee who had received training and when the training was due, was in the process of development at the time of our inspection.

Coordinating patient care and information sharing

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. The practice met with other health care professionals to discuss patients' needs every two months.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. However staff had not received training in the Mental Capacity Act. We found clinicians understood the broad principles around the Mental Capacity Act and consent issues when providing care for young people and children but this could be further improved.

Consent forms were available and the process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- The practice recognised the benefits of exercise to patients' health and were working towards every patient receiving advice during a consultation.

Good

Are services effective?

(for example, treatment is effective)

- A Health Trainer was available on the premises and smoking cessation advice was available from a local support group.
- The practice worked with a local drug counselling service.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 13 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required. They told us the practice manager's office, which was next to the waiting room, was always open for any queries from patients and that the manager would often remind patients if they needed an appointment.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff that might be able to support them.
- Staff had received visual equality training.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 23 patients as carers (less than 1% of the practice list). We discussed this low figure with the practice who advised us there was often a communication problem by what is exactly meant by a carer, as some patients think this a paid job. Patients were asked at registration whether they were a carer. There was a noticeboard with information in the waiting room available to direct carers to the various avenues of support available to them and carers were offered the flu vaccination.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- A high number of patients could not speak English and the practice used interpreters and translation services and offered longer appointments when necessary.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments.
- There were accessible facilities, which included a hearing loop.

Access to the service

The practice was open between 8am to 6.30pm Monday to Friday. In addition to pre-bookable appointments that could be booked up to 12 weeks in advance, urgent appointments were also available for patients that needed them.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice used a triage system to assess:

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

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

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns and responded to both written and verbal complaints. Complaints were discussed at staff meetings to share learning.

However, there was no information about how to complain displayed in the waiting room or on the practice website and patients had to request this at reception. The written information available to patients needed to be updated to incorporate the details of who the patient could complain to if they were not happy with the service provided.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

The practice described their purpose as to provide their patients with high quality personal health care putting the patient central to everything they did.

Governance arrangements

Evidence reviewed demonstrated that the practice had:-

- Two practice managers and a deputy manager however it was not clear what the parameters of responsibility were.
- No overarching clinical governance policy. There were policies and protocols that all staff could access on the computer system. However, some protocols were not followed. For example, according to the repeat prescribing policy, uncollected prescriptions would be checked every eight weeks, but we found this was not happening.
- Limited records of monitoring systems to ensure safety. For example, monitoring systems for cleaning of the premises, safety alerts and incidents, managing uncollected prescriptions, staff training and recruitment needed improvement.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information. Meetings were planned and regularly held including: clinical meetings when all clinicians attended. Other meetings included: palliative care meetings with other healthcare professionals and monthly whole staff team meetings.
- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place. However, we found some examples were incidents had not been recorded.
- A system of continuous quality improvement including the use of audits which demonstrated an improvement on patients' welfare. For example, medication audits, minor surgery audits and clinical audits.
- Proactively gained patients' feedback and engaged patients in the delivery of the service and responded to any concerns raised by both patients and staff.

The practice was delivering the regulated activity of minor surgery without registration with the CQC, as required.

Leadership, openness and transparency

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

The provider was not aware of the terminology but did comply 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 gave affected people reasonable support, truthful information and a verbal and written apology. The practice kept written records of verbal interactions as well as written correspondence.

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

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

· There was an established PPG and the practice had acted on feedback. For example, the practice worked with the PPG to provide several health awareness days, for example, winter warmth for the elderly and dementia.

· The practice used the NHS Friends and Family survey to ascertain how likely patients were to recommend the practice but had received very little feedback. There had been 15 responses since September 2016, 14 of which were extremely likely or likely to recommend the practice and one response was unsure.

Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

The practice team took an active role in locality meetings. Clinicians kept up to date by attending various courses and events. The practice were keen to improve and recognised their challenges. The practice was the first practice to take part in a local pilot to improve the safety of prescribing.

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
Surgical procedures	Section 10 HSCA Carrying on a regulated activity without being registered The practice was delivering the regulated activity of minor surgery without the correct registration required to deliver this service. This was in breach of the provider's registration with The Care Quality Commission.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider had failed to ensure governance systems were effective. For example, there were limited monitoring systems for cleaning of the premises, safety alerts and incidents, managing uncollected prescriptions or staff training. Regulation 17(2) (f)

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The provider had not carried out any risk assessments with regard to staff that did not have DBS checks in place and there were not enough records to demonstrate compliance with schedule 3 of the regulation. Regulation 19 3 (a).