Clayton Brook 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?	Inadequate
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Inadequate

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Clayton Brook Surgery on 5 October 2016. Overall the practice is rated as inadequate.

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

- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example there had been no staff training in infection control and no recent infection prevention and control audit. There was limited activity to assess and identify risks and evidence of failure to mitigate those risks that were identified.
- Some members of staff were working outside their professional capabilities without any training for the role. Staffing levels were not maintained at a level necessary to provide a good service to patients.
- Staff were clear about reporting incidents, near misses and concerns but there was no evidence that actions taken as a result of those incidents were reviewed in a timely way.
- The practice was aware of but did not have systems in place to ensure compliance with the requirements of the duty of candour.
- There was a general lack of staff training and no training programme for staff.
- There was little evidence of practice commitment to long-term learning and improvement. There was minor commitment to audit and there was little evidence that the practice was comparing its performance to others; either locally or nationally.
- Patients were generally positive about their interactions with staff and said they were treated with compassion and dignity. However, the national patient survey and evidence collected from patients on the day, indicated dissatisfaction with some aspects of the service.
- We saw that complaints were dealt with in a timely manner and an appropriate apology was offered when required.
- The practice had limited formal governance arrangements.
- The practice was incorrectly registered with CQC. They were registered as a partnership instead of as an individual provider.

Summary of findings

- The practice worked well with its patient participation group.

The areas where the provider must make improvements are:

- Put systems in place to ensure staff are appropriately trained and that training remains current for their role. Ensure that all staff are not working outside their level of professional competency including the practice nurse in the management of patient medications, patient test results and hospital communications.
- Carry out infection prevention and control audit activity to assess compliance with infection prevention and control requirements and take action to mitigate any risks identified.
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision. Carry out risk assessments to ensure the safety of staff and patients; in particular those related to health and safety at work, staff acting as chaperones, fire safety and building electrical safety. Implement the control regime identified by the legionella risk assessment.
- Ensure that policies and procedures available to staff are updated accordingly.
- Ensure that evidence of any necessary training and professional indemnity is sought for all clinical staff.
- Carry out quality improvement activity for example clinical audits including re-audits to ensure improvements have been achieved.
- Review the staffing structure and ensure there is leadership capacity to deliver all improvements.
- Put systems in place to ensure that risks associated with medications, blank prescriptions and patient confidential information are addressed.
- Ensure that patient safety alerts are shared with staff and that required action has been taken.

The areas where the provider should make improvement are:

- Introduce processes to ensure that actions implemented following significant events, incidents and near misses are reviewed to be effective in a timely way.
- Display notices to advise patients that they can request a chaperone.
- Improve the process for identifying and recording carers.
- Include all appropriate areas of the building in the practice cleaning schedule.

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.

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.

- Staff were clear about reporting incidents, near misses and concerns and told us that they would report the incident to the practice manager to record. We were told that actions were taken to prevent incidents re-occurring but these were not monitored. We saw that patients received reasonable support and a verbal or written apology.
- Patients were at risk of harm because systems and processes were either not in place or not implemented in a way to keep them safe.
- Patient safety alerts were circulated to appropriate staff but there was no evidence that they were actioned or shared with other staff.
- Safeguarding information was available to staff but it was not well co-ordinated and contact telephone numbers were missing or varied.
- There was a lack of safeguarding training for staff relevant to their role and responsibilities .
- Staff were acting as chaperones with no training or appropriate checks in place and there were no notices in the practice to advise patients of the availability of chaperones.
- We observed the practice to be clean and tidy with the exception of two portable screens which were visibly dirty and not included in the cleaning schedule.
- Staff had received no training in infection prevention and control and there was no recent audit carried out to check that the practice was compliant with infection control requirements.
- Staff were undertaking duties for which they were not professionally qualified following requests from the GP.
- Storage of emergency medications, loose prescriptions and some patient confidential information in one treatment room in a patient area was unsafe. The door could not be secured from the outside and was open when the room was unoccupied.
- The system for monitoring blank prescriptions was inadequate.
- There was a general lack of risk assessments for the practice; there was no fire risk assessment or building electrical safety assessment and no general health and safety risk assessments. We were told that the practice had never carried out a fire drill. A legionella risk assessment was done but the practice had

Summary of findings

implemented the control regime that had been identified as required as a result of the assessment (legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- There were not enough staff to keep patients safe. The practice nurse did not have sufficient hours to conduct routine health reviews in a timely way and we saw that the next available routine appointment was in nearly four weeks' time. We observed that the practice administration team was understaffed; the practice manager was needed to work in reception for a significant amount of time.

Are services effective?

Inadequate

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

- Data showed patient outcomes were generally comparable to the national average. For example, the percentage of patients who had their blood sugar levels well-controlled was 74% compared to the national average of 78% and the percentage of patients with blood pressure readings within recommended levels was 83% compared to the national average of 78%.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There was little evidence of quality improvement or commitment to long-term learning, including clinical audit.
- The practice had an induction programme for all newly appointed staff. However, this did not cover some topics such as safeguarding, infection prevention and control, fire safety and health and safety. There was no training programme for staff.
- Staff had had an annual appraisal but we were told that pressure of work had not allowed for some ongoing staff development. There was little evidence of clinical supervision or discussion.
- The practice was unable to show us records of safeguarding training or of medical indemnity for the GPs. The practice nurse was working without medical indemnity. Evidence sent to us after inspection showed that the indemnity for the GP locum had lapsed at the time of inspection and had been renewed retrospectively following our inspection. Evidence of safeguarding training was supplied after the inspection.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

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- Staff had been asked to view and file patient test results that were normal without the GPs having sight of them. Letters from other services received by the practice were also being filed without the sight of the GPs if no action by GPs was required. Administrative staff were undertaking these duties when other clinical staff were not in practice. There were no protocols in place for this.

Are services caring?

Inadequate

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

- Data showed patient outcomes were generally comparable to the national average. For example, the percentage of patients who had their blood sugar levels well-controlled was 74% compared to the national average of 78% and the percentage of patients with blood pressure readings within recommended levels was 83% compared to the national average of 78%.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There was little evidence of quality improvement or commitment to long-term learning, including clinical audit.
- The practice had an induction programme for all newly appointed staff. However, this did not cover some topics such as safeguarding, infection prevention and control, fire safety and health and safety. There was no training programme for staff.
- Staff had had an annual appraisal but we were told that pressure of work had not allowed for some ongoing staff development. There was little evidence of clinical supervision or discussion.
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- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Staff had been asked to view and file patient test results that were normal without the GPs having sight of them. Letters from other services received by the practice were also being filed

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Are services responsive to people's needs?

Requires improvement

The practice is rated as good for providing responsive services.

- Practice staff 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. They were working with another practice and the CCG to develop specialist services related to the management of diabetic patients, minor surgery and family planning services.
- Most 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. Four of the 45 patient comment cards that we received criticised the appointment system.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

Inadequate

The practice is rated as inadequate for being well-led and improvements must be made.

- The practice had a clear vision and strategy and a mission statement with values that were understood by staff.
- The governance arrangements within the practice were insufficient to ensure safe and effective care was delivered.
- There was a clear leadership structure but staff did not always feel supported or listened to by the principal GP. Some staff members had been asked to work outside their professional competencies.
- There were insufficient staff in post to provide an adequate level of service and there was a lack of protected time allocated to the practice nurse to carry out administrative duties.
- The practice had a number of policies and procedures to govern activity. These were held in printed form for staff but were not always updated to match electronic copies.

Summary of findings

- Governance issues were discussed at meetings although they were not a regular agenda item. We saw little evidence of commitment to long-term improvement or learning and no evidence of clinical re-audit.
- The practice had sought feedback from patients and had an active and involved patient participation group.
- Staff told us they had received regular performance reviews however we were told that pressures of work had prevented some ongoing development. There was no overview of staff training and inadequate training provided for some staff roles.
- The practice did not keep adequate records of medical indemnity and training attended for the GP locum, and the practice nurse had no medical indemnity in place. The practice applied for this on the day following inspection.
- There was evidence of poor risk management, for example no fire risk assessment was available or electrical installation safety certificate. No health and safety risk assessments had been done. A legionella control regime had not been implemented.
- The provider was registered incorrectly with CQC. At the time of the inspection they were registered as a partnership rather than as an individual provider.

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 provider was rated as inadequate for safety and for being effective, caring and well led and requires improvement for being responsive. The issues identified as being inadequate overall affected all patients including this population group. There were however examples of good practice:

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice held comprehensive multidisciplinary meetings on a monthly basis where patients with complex needs were discussed to ensure they were being cared for appropriately.

People with long term conditions

Inadequate

The provider was rated as inadequate for safety and for being effective, caring and well led and requires improvement for being responsive. The issues identified as being inadequate overall affected all patients including this population group:

- The practice was failing to offer timely reviews to patients with long-term conditions. The practice nurse did not have sufficient appointments available to meet this patient need.

There were however examples of good practice:

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- A podiatrist visited the practice every two months to conduct foot screening for diabetic patients.
- A phlebotomist visited the practice weekly to take patients' bloods.

Summary of findings

- The principal GP was trained in the management of patients with diabetes and the practice nurse was able to initiate insulin. The practice offered consecutive appointments with the nurse and the GP for health reviews for diabetic patients.

Families, children and young people

Inadequate

The provider was rated as inadequate for safety and for being effective, caring and well led and requires improvement for being responsive. The issues identified as being inadequate overall affected all patients including this population group. There were however examples of good practice:

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 86%, which was higher than the CCG average of 85% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Midwives attended the practice once a fortnight and the practice offered combined baby and post-natal clinics.

Working age people (including those recently retired and students)

Inadequate

The provider was rated as inadequate for safety and for being effective, caring and well led and requires improvement for being responsive. The issues identified as being inadequate overall affected all patients including this population group. There were however examples of good practice:

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a range of health promotion and screening that reflects the needs for this age group.

Summary of findings

- Extended hours appointments were available on a Saturday morning to facilitate access for those patients who could not attend during normal working hours.
- The practice offered telephone appointments for those patients unable to attend in person and whose needs could be met in this way.

People whose circumstances may make them vulnerable

Inadequate

The provider was rated as inadequate for safety and for being effective, caring and well led and requires improvement for being responsive. The issues identified as being inadequate overall affected all patients including this population group:

- The practice had identified new patients who were carers but had failed to record them on its electronic patient record system.

There were however examples of good practice:

- 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.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours, although there was some inconsistency in contact details.

People experiencing poor mental health (including people with dementia)

Inadequate

The provider was rated as inadequate for safety and for being effective, caring and well led and requires improvement for being responsive. The issues identified as being inadequate overall affected all patients including this population group. There were however examples of good practice:

- Performance for mental health related indicators was generally higher than the local and national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Summary of findings

- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed that patient satisfaction scores were variable when compared to local and national averages. There were 301 survey forms distributed and 102 were returned (34%). This represented 3% of the practice's patient list.

- 80% of patients found it easy to get through to this practice by phone compared to the local average of 71% and national average of 73%.
- 85% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 88% and national average of 85%.
- 72% of patients described the overall experience of this GP practice as good compared to the local average of 89% and national average of 85%.
- 66% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 81% 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 45 comment cards, one of which said that they felt unable to comment. Of the remaining 44 cards, 39 had positive comments to make about the standard of care received. Patients said that they were able to get appointments when they needed them and that the staff were polite and helpful. There were 11 cards with negative comments which included difficulties getting appointments and poor staff attitude.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. From the most recent published results of the practice friends and family test, 81% of patients would recommend the practice based on 62 responses.

Areas for improvement

Action the service MUST take to improve

- Put systems in place to ensure staff are appropriately trained and that training remains current for their role. Ensure that all staff are not working outside their level of professional competency including the practice nurse in the management of patient medications, patient test results and hospital communications.
- Carry out infection prevention and control audit activity to assess compliance with infection prevention and control requirements and take action to mitigate any risks identified.
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision. Carry out risk assessments to ensure the safety of staff and patients; in particular those related to health and safety at work, staff acting as chaperones, fire safety and building electrical safety. Implement the control regime identified by the legionella risk assessment.
- Ensure that policies and procedures available to staff are updated accordingly.
- Ensure that evidence of any necessary training and professional indemnity is sought for all clinical staff.
- Carry out quality improvement activity for example clinical audits including re-audits to ensure improvements have been achieved.
- Review the staffing structure and ensure there is leadership capacity to deliver all improvements.
- Put systems in place to ensure that risks associated with medications, blank prescriptions and patient confidential information are addressed.

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- Ensure that patient safety alerts are shared with staff and that required action has been taken.

Action the service SHOULD take to improve

- Introduce processes to ensure that actions implemented following significant events, incidents and near misses are reviewed to be effective in a timely way.
- Display notices to advise patients that they can request a chaperone.
- Improve the process for identifying and recording carers.

Include all appropriate areas of the building in the practice cleaning schedule.

Clayton Brook Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

Background to Clayton Brook Surgery

Clayton Brook Surgery is situated in Tunley Holme in the Bamber Bridge area of Preston at PR5 8ES. The building is two stories high and was purpose built as a doctors' surgery in 1977. It has had a small extension to the building and provides patient facilities of a waiting area and treatment and consulting rooms. One of the consulting rooms is on the first floor and is used when the practice is hosting a medical student. The practice provides level access for patients to the building with disabled facilities available.

There is parking provided for patients at the nearby free public car park and some parking on the road and the practice is close to public transport.

The practice is part of the Chorley with South Ribble Clinical Commissioning Group (CCG) and services are provided under a General Medical Services Contract (GMS).

There is one male GP partner and one female locum GP assisted by one practice nurse. A practice manager and four administrative and reception staff also support the practice. The practice is a teaching practice for GPs in training and medical students.

The practice is open from Monday to Friday 8am to 6.30pm and extended hours are offered on Saturday from 9.30am to 12.30pm. Appointments are offered every day from 9am to 11am, from 1pm to 2.50pm and from 3.50pm to 6pm except Thursdays when the surgery is open but there are no bookable afternoon surgeries. On a Saturday, the practice offers appointments between 9.40am and 12.10pm. When the practice is closed, patients are able to access out of hours services offered locally by the provider GotoDoc by telephoning 111.

The practice provides services to 3,370 patients. There are higher numbers of patients aged under 18 years of age (22%) than the national average (21%) and fewer numbers of patients aged over 65 years of age (14%) than the national average (17%).

Information published by Public Health England rates the level of deprivation within the practice population group as three on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Both male and female life expectancy is lower than the local and national average, 80 years for females compared to 83 years nationally and 76 years for males compared to 79 years nationally.

The practice has a higher proportion of patients experiencing a long-standing health condition than average practices (63% compared to the national average of 54%). The proportion of patients who are in paid work or full time education is lower (59%) than the local and national average of 62% and the proportion of patients with an employment status of unemployed is 9% which is higher than the local average of 3% and the national average of 5%.

At the time of inspection the practice was not registered correctly with CQC. It was registered as a partnership when it was operating as an individual provider.

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 visit on 5 October 2016. During our visit we:

- Spoke with a range of staff including two GPs, one trainee GP, one practice nurse and four members of the practice administration team.
- Spoke with four patients who used the service including two members of the practice patient participation group (PPG).
- Observed how staff interacted with patients and talked with family members.
- Reviewed an anonymised 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

The system in place for reporting and recording significant events required review and improvement. The system did not allow for staff to record incidents themselves and there was no description or details of review of actions put in place as a result of significant events.

- Staff told us they would inform the practice manager of any incidents and the practice manager would complete a form on the computer. There was no form available for staff to record incidents themselves. The practice had introduced an incident book in reception for staff to record incidents however, this was a ruled book with no format or guidance on how to record the incidents and it was empty. The computerised form did not support 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). However, the practice was aware of these legal requirements.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, 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 reviewed significant events annually but we saw no evidence that actions put in place were formally reviewed in a timely way to see whether they had been effective.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that some lessons were shared and action was taken to improve safety in the practice. For example, when it was found that details of a patient home visit had not been recorded clearly and in a timely way on the patient electronic record system, staff were reminded of the importance of this. However, although we saw evidence that the practice circulated patient safety alerts to appropriate staff, we saw no evidence that they were actioned appropriately or shared with other staff.

Overview of safety systems and processes

There were some shortfalls in the practice processes to keep patients safe and safeguarded from abuse, which included:

- 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 in printed form in a folder in the reception office. The policies included details of who to contact for further guidance if staff had concerns about a patient's welfare although the contact details for staff reporting concerns relating to adults were missing in the folder. All appropriate contact numbers for reporting concerns were however displayed on the wall of the reception office. There was a main contact telephone number at the front of the safeguarding adults and children policies in the folder which was not displayed on the wall. There was a lead member of staff for safeguarding. The principal GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and most had received training on safeguarding children and vulnerable adults relevant to their role. We saw evidence that the principal GP was trained to child protection or child safeguarding level 3 and the nurse to level 2. The practice could not produce evidence of appropriate safeguarding training for the GP locum or for a new non-clinical staff member who started work at the practice in May 2016.
- There were no notices in the waiting room or in consulting and treatment rooms advising patients that chaperones were available if required. Staff were acting as chaperones with no training or appropriate checks in place. They had not received a Disclosure and Barring Service (DBS) check or been risk assessed for the role. (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 generally maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy except for two portable screens which were dusty, visibly dirty and not included in the practice cleaning schedule. The practice nurse was the infection control clinical lead. There was an infection control protocol in place which stated that staff should receive training in infection prevention and

control and annual updates but staff had received no training. The practice protocol also said that infection control audit should be undertaken regularly to test compliance with infection control requirements but no audits had been done.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice required significant review (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. However, these processes were being carried out by staff that were not professionally qualified to do so. The practice nurse did not have a prescribing qualification but was undertaking medication reviews and completing the amendment of medications on patient records following discharge from hospital, in most instances without associated documentation being viewed by a GP.
- Emergency medications were kept in the nurse treatment room. There was a privacy lock on the inside of the door but there was no external lock and the room was therefore unlocked when the nurse was not in the practice. We saw that loose prescriptions and patient confidential information were also unsecured and accessible in the room which was situated in an area used by patients visiting the practice. The entrance to the room was not visible to reception staff.
- The practice nurse was the practice medicines co-ordinator who worked with the local CCG pharmacy team. A member of this team visited the practice to ensure that medications prescribed were in line with best practice guidelines for safe prescribing. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- Blank prescription forms and pads were securely stored but the system in place to monitor their use was inadequate. The practice had recently started a monitoring system but recording of relevant information was incomplete and those prescription identification numbers that were documented were printed on a single sheet of paper with no headings or guidance as to how the record should be used.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

There were some procedures in place for monitoring and managing risks to patient and staff safety.

- The practice had few risk assessments in place to monitor safety of the premises. There was a health and safety poster in the reception office although local health and safety representatives were not identified. The practice did not have an overall health and safety policy or risk assessments. There were fire extinguishers on the premises and a fire alarm which were checked and serviced annually, however there were no fire risk assessments and we were told that the practice had never carried out fire drills. All electrical equipment was checked to ensure that it was safe to use and clinical equipment was checked to ensure it was working properly. There was no building electrical safety certificate in place and although a legionella risk assessment was undertaken annually, the practice did not follow the actions recommended to mitigate the risks that had been identified. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We found that water could become extremely hot in a very short space of time and the practice had displayed notices to this effect above wash hand basins. The practice cleaning company undertook risk assessments for the control of substances hazardous to health although these were not held in the practice. We asked to see a copy of these and the practice sent them following our visit.
- 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 and this rota allowed for the practice manager to cover reception on a significant number of occasions. We saw that the practice nurse had insufficient time to allow her to carry out tasks related to the management of patient long-term conditions in a timely way. We saw that the next appointment with the nurse for a routine health review was nearly four weeks after the day of inspection.

Arrangements to deal with emergencies and major incidents

Inadequate

Are services safe?

The practice had arrangements in place to respond to 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.
- The principal GP received annual basic life support training although non-clinical staff had not had this training for over three years. The practice was unable to show us evidence of annual training for the practice nurse or the locum GP. The practice arranged training for all staff in the week following the inspection.
- There were emergency medicines available in the treatment room, a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff and all staff knew of their location although the area where they were stored was not secure. All the medicines we checked were in date.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with 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. However, we saw little evidence of clinical discussion between staff or of clinical supervision.

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). Results published in 2014/15 were 95.9% of the total number of points available and in 2015/16 were 92.9% of the total. Exception reporting figures in 2014/2015 for the practice were lower than the clinical commissioning group (CCG) and national averages (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). The practice exception reporting figure overall was 8.9% compared to the CCG average of 9.9% and the national average of 9.2%. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was variable when compared to the local and national average. For example, the percentage of patients who had their blood sugar levels well-controlled was 74% compared to the local average of 80% and national average of 78% but the percentage of patients with blood pressure readings within recommended levels was 83% compared to the local average of 80% and national average of 78%. Data published for 2015/16 showed a drop in achievement for diabetes related indicators overall from 90% to 86%.
- Performance for mental health related indicators was generally higher than the local and national average. For example, 93% of people experiencing poor mental health had a comprehensive, agreed care plan documented in the record compared to the local average of 93% and national average of 88% and 97% of patients diagnosed with dementia had their care reviewed in a face-to-face review compared to the local average of 88% and national average of 84%.

There was little evidence of quality improvement or commitment to long-term learning, including clinical audit.

- There had been five clinical audits completed in the last two years, none of these were completed audits where the improvements made were implemented and monitored.
- We saw no evidence that findings were used by the practice to improve services. For example, we saw a suggested action plan following an audit of patient joint injections conducted over one year between 2013 and 2014 that recommended re-audit. This had not been done.
- The practice participated in local audits and national benchmarking. The practice nurse had undertaken a 12-month clinical academic internship and had carried out research in screening for prostate cancer. This research informed her role at the practice in the management of patients who may need this screening.

Effective staffing

In some areas staff lacked the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. However, this did not cover some topics such as safeguarding, infection prevention and control, fire safety and health and safety. We saw that a member of staff who started working in the practice on the 2 May 2016 had only received training on information governance and aspects of the practice computerised record system at the time of our inspection.
- We saw evidence that role-specific training and updating for clinical staff reviewing patients with long-term conditions was taking place. The practice nurse attended external training sessions.
- 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 external meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had limited access to appropriate training to meet their learning needs and to cover the scope of their work. We were told that pressure of work prevented some ongoing staff development. There was little evidence of clinical supervision or discussion. All staff had received an appraisal within the last 12 months.
- Staff received limited training that included information governance and use of the practice computerised patient records system. Staff had access to and made use of e-learning training and in-house training. We saw evidence of recent training that included patient end of life care.
- A GP locum worked in the practice. We were told that the practice hoped that they might become a GP partner in the future. We asked to see evidence of their medical indemnity arrangements and were told the practice did not have sight of any. The practice sent evidence to us following the inspection which indicated that the locum medical indemnity had lapsed in August 2016 and had been renewed retrospectively after our visit.
- We asked to see a record of safeguarding training undertaken by the GP locum and again were told the practice did not keep these records. We asked that evidence of safeguarding training to level 3 be sent to us following the inspection and received evidence that related to a certificate of attendance at a training session whose topic was described as "Safeguarding: Themes and lessons learnt from NHS investigations into matters relating to Jimmy Saville".
- We also asked to see evidence of the medical indemnity arrangements for the practice nurse. We were told that the practice nurse made her own arrangements and the nurse told us that she thought this was arranged by the practice. There was no medical indemnity in place and we saw evidence that the practice applied for this immediately following our visit. Further to this, the practice sent us evidence to show that the medical indemnity was in place.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was largely 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. However, the practice nurse was viewing all patient test results received by the practice and filing all those that were within normal ranges onto the patient record. The GPs were therefore only seeing those results that were abnormal. When the nurse was not in practice, this was done by the practice manager. The practice had no written protocol for this. GPs were also not seeing all patient communication received by the practice. Staff were filing letters if no action by GPs was needed. There was also no written protocol for this.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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, including when they were referred. The practice did not routinely contact patients after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. Attendance at these meetings included representatives from local services relevant to the needs of the patients at the practice such as the drug and alcohol service.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.

Inadequate

Are services effective?

(for example, treatment is effective)

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and patients experiencing memory loss. Patients were signposted to the relevant service.
- A podiatrist visited the practice every month to carry out foot screening for diabetic patients and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 86%, which was higher than the CCG average of 85% and the national average of 82%. There was a policy to offer written reminders for patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available and there were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme. The practice followed up women who were referred as a result of abnormal results. The practice had low attendance at the national bowel and breast screening programmes. Practice figures for attendance at breast screening were 56% compared to 72% both locally and nationally, and for those screened for bowel cancer, the figure was 47% compared to 57% locally and 55% nationally. The practice was aware of these rates and had decided to add an alert to patient records if they failed to attend screening. They also encouraged patients to attend all screening by using posters in the patient waiting area.

Childhood immunisation rates for the vaccinations given were higher than CCG averages. For example, childhood immunisation rates for the vaccinations given to one year olds were all 100% compared to 97% to 99% locally. Figures for five year olds ranged from 88% to 100% compared to 89% to 98% locally.

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.

Inadequate

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains or screens 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 room to discuss their needs and there was a notice on the surgery entrance door that advised patients of this.

We received 45 patient Care Quality Commission comment cards. Of these, one card said that they felt unable to comment and 39 cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. There were 11 cards with negative comments two of which related to poor staff attitude; five criticised the appointment system, two said that the surgery premises were poor and two said that the practice was a bad service.

We spoke with two members of the patient participation group (PPG). 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 showed that patients had mixed views when asked if they were treated with compassion, dignity and respect. The practice was lower than average for its satisfaction scores on consultations with GPs and higher than average for its satisfaction scores on consultations with nurses. For example:

- 81% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 79% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 85% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 76% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 85%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared to the CCG and national average of 97%.
- 97% of patients said the nurse was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 91%.
- 75% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Results from the GP patient survey also gave patient satisfaction scores for responses to questions that patients rated as poor or very poor. These were noticeably higher for questions relating to GPs. For example:

- 6% of patients said the GP was poor or very poor at listening to them compared to the CCG and the national average of 3%.
- 15% of patients had no confidence at all in the last GP they saw compared to the CCG average of 3% and the national average of 5%.
- 8% of patients said the GP was poor or very poor at giving them enough time compared to the CCG average of 2% and the national average of 4%.
- 13% of patients said the last GP they spoke to was poor or very poor at treating them with care and concern compared to the CCG average of 3% and the national average of 4%.

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 most had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Inadequate

Are services caring?

However, three of the patient comment cards said that they were not listened to and that problems were not resolved in a satisfactory way. One patient we spoke to also said that they felt rushed during a consultation with the GP. Patient feedback from the comment cards we received was generally positive and said that staff were understanding. 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 again variable when compared with local and national averages. For example:

- 76% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 71% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 82%.
- 97% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 90%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and national average of 85%.

Results from the GP patient survey for responses to questions that patients rated as poor or very poor were noticeably higher for questions relating to GPs. For example:

- 13% of patients said the last GP they saw was poor or very poor at explaining tests and treatments compared to the CCG and the national average of 3%.
- 13% of patients said the last GP they saw was poor or very poor at involving them in decisions about their care compared to the CCG average of 3% and national average of 4%.

From the survey, 72% of patients described their overall experience of the surgery as good compared to 89% locally and 85% nationally, and 66% of patients said that they would recommend the surgery to someone new to the area compared to 81% locally and 78% nationally.

The practice provided 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.
- Information leaflets and posters were available in the practice waiting area. The practice had a number of themed notice boards that provided clear displays of information. Members of the practice PPG had sourced, maintained and organised these notice boards.
- The practice was small and staff said that they knew the patients which aided communication.

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. Information about support groups was also available on the practice website.

The practice's computer system did not alert GPs if a patient was also a carer. The practice used new patient forms to identify new patients as carers or as having a carer and held these forms in a file in reception. However, this information had not been added to the practice patient record system. When we asked for evidence of the number of patients who were carers on the practice list, a search of the records only resulted in three carers (0.09% of the practice list) identified although there were many more forms in the file. Written information was available in a patient information file in the waiting area to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them if it was appropriate. This call was then followed by giving them advice on how to find a support service.

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 was working with another practice and the CCG to develop specialist services related to the management of diabetic patients, minor surgery and family planning services.

- The practice offered a 'Commuter's Clinic' on a Saturday morning from 9.30am to 12.30pm for working patients who could not attend during normal opening hours. There were appointments offered to patients over the lunchtime period from Monday to Friday as well as appointments until 6pm.
- There were longer appointments available for patients with a learning disability and for those with complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice had noticed that there were a large number of patients attending the local A&E service, 22% compared to the CCG average of 17% and national average of 15%. Where it was appropriate, they invited patients to attend the practice to discuss the reasons for attendance and reviewed patients who were frequent attenders at A&E. They also introduced four extra appointments in each GP surgery every day for patients. They told us that this had reduced attendances at A&E but were unable to evidence this.
- The GPs visited the local residential and nursing homes regularly and reviewed patients on the practice list to offer proactive care and avoid acute exacerbations of patient health conditions.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation and signing services available.
- When the practice used the consulting room on the first floor, staff checked with patients that they were able to use the stairs.
- The principal GP was trained in the management of patients with diabetes and the practice nurse was able to initiate insulin. The practice offered consecutive appointments with the nurse and the GP for health reviews for diabetic patients.
- Midwives attended the practice once a fortnight and the practice offered combined baby and post-natal clinics.
- A phlebotomist only attended the surgery weekly to take patient blood for testing.
- The practice nurse had undertaken a 12-month clinical academic internship and had carried out research in screening for prostate cancer. This informed her practice at the surgery and resulted in proactive monitoring of patients who may need screening for this disease.

Access to the service

The practice was open from Monday to Friday 8am to 6.30pm and extended hours were offered on Saturday from 9.30am to 12.30pm. Appointments were offered every day from 9am to 11am, from 1pm to 2.50pm and from 3.50pm to 6pm except Thursdays when the surgery was open but there were no bookable afternoon surgeries. On a Saturday, the practice offered appointments between 9.40am and 12.10pm. In addition to pre-bookable appointments that could be booked up to six months in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was variable when compared to local and national averages.

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 76%.
- 80% of patients said they could get through easily to the practice by phone compared to the CCG average of 71% and national average of 73%.
- 69% describe their experience of making an appointment as good compared to the local average of 77% and the national average of 73%.
-

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

People told us on the day of the inspection that they were able to get appointments when they needed them although we received four cards that criticised the appointment system and one card that said that the system had recently improved.

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.

Patient requests for home visits were listed in the practice home visit diary and given to the GP to assess the urgency of need. The GP often contacted the patient first before visiting. 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 an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- There was no information displayed to help patients understand the complaints system however, staff had copies of the practice complaints procedure in reception to give patients if they wanted to complain. The practice told us that they would display a poster in the waiting area for patients following the inspection.

The practice told us that they had only received two complaints in the last year. We looked at these complaints and found they had been dealt with in a timely way and with openness and honesty. In both cases, the practice offered a meeting at the practice to discuss the complaint and we saw minutes of one of these meetings between the complainant and the practice. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, the practice clarified the criteria for calling an ambulance with a local nursing home to ensure that timely, appropriate care would be given to residents.

Are services well-led?

Inadequate

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

Our findings

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients.

The practice had a mission statement and staff knew and understood the values. That statement was "we aim to provide a high quality of care to our patients in a safe, effective, caring and responsive environment", but our findings demonstrated otherwise.

- The practice did not have any documented business plan. We were told that it was hoped that the new GP locum doctor would become a partner in the practice. The practice had also applied for funding to assist with the extension of the practice premises.

Governance arrangements

The practice governance framework did not support the delivery of its mission statement and good quality care.

- There was a staffing structure and staff were aware of their own roles and responsibilities. However, several members of staff had been asked to work outside of their professional competencies and the practice had no protocols or risk assessments to support this. There was evidence around prescribing, viewing test results and chaperoning that indicated unsafe practice and for which no risk assessment had been carried out. We were told by the principal GP that the practice nurse was working to clinical commissioning group (CCG) protocols but the practice was unable to supply these.
- There were insufficient staff to provide an appropriate level of service. The practice manager and practice nurse had not enough time to fulfil their duties in a timely way. There was little protected time to allow the nurse to carry out administrative duties associated with the role and insufficient hours allotted to her to carry out the management of patient long-term conditions.
- Practice specific policies were implemented and were available to all staff. However, these policies were only available freely to staff in a printed file in reception and we saw evidence that they did not always match the updated version held on the computer which was only available to the practice manager. The practice did not have a health and safety policy for staff to follow.
- Patient safety alerts were circulated to relevant staff but there was no system in place to ensure that they had been actioned.
- An understanding of the performance of the practice was maintained and we saw evidence of ad hoc discussion at practice meetings although this was not a regular agenda item. However, the practice did not have a programme of continuous clinical and internal quality improvement or audit to monitor quality and to make improvements. There were no two-cycle audits where improvements were implemented and re-audited and no audit of infection prevention and control.
- The practice did not keep adequate records of medical indemnity and training attended for the GP locum, and the practice nurse had no medical indemnity in place. The practice later sent us evidence that the GP locum indemnity had lapsed in August 2016 but that it had been renewed retrospectively and would expire in August 2017.
- Risks to patients who used services were not always assessed.
- There was no training matrix in place to give an overview of staff training and no training programme for staff. Staff were working without suitable training for the role such as working as chaperones and new staff had received little training for their individual roles. Time limitations had prevented some staff development.
- The provider was registered incorrectly with CQC. At the time of the inspection the provider was registered as a partnership rather than as a sole provider. The practice had ceased to operate as a partnership on the 31st December 2013.

Leadership and culture

The practice told us they prioritised safe, high quality and compassionate care. Staff told us the GPs and practice manager were approachable and always took the time to listen to all members of staff.

The provider was aware of 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).This included support training for all staff on communicating with patients about notifiable safety incidents. We saw evidence that that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.

Are services well-led?

Inadequate

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

- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place although staff did not always feel supported by management.

- Staff told us the practice held regular team meetings, that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so. There was a practice social event held every year for all staff.
- Some staff did not feel supported by management. We were told that issues had been raised but that nothing had been done to address them. We were also told that this was affecting morale and we saw evidence of this.

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.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. We saw that the PPG was very active and involved in the practice services. For example, members of the PPG gathered information from the practice Friends and Family Test, helped to fill envelopes with letters for patients and sourced and managed all the notice boards in the practice waiting area. The PPG had been responsible for suggesting to the practice that patients were sent a text reminder before appointments which the surgery had adopted and the radio channel that was played in the waiting room was changed at their suggestion.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. However, staff told us they felt that they were not always listened to and said that suggested improvements were sometimes not implemented.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures 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 practice did not ensure that persons providing care and treatment to service users had the qualifications, competence, skills and experience to do so: • Staff were working outside of their professional competencies. • Staff did not receive timely basic life support training in line with recommended guidelines and there was a lack of staff training or training plan. • Staff were working as chaperones without any DBS check or risk assessment. The practice had not assessed the risk of infection. They had not carried out any infection prevention and control audits and staff had not been trained in infection prevention and control. The practice did not store emergency medicines in a secure way. The system for monitoring blank prescriptions was inadequate. There was a system for acting on patient safety alerts but it was inadequate. 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	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:**

This section is primarily information for the provider

Enforcement actions

Treatment of disease, disorder or injury

The practice did not assess, monitor and mitigate the risks relating to the health, safety and welfare of service users:

- There was no fire risk assessment or building electrical safety certificate.
- The practice did not implement the control regime necessary to mitigate the risks of legionella.
- There was evidence that staffing levels were inadequate to provide a good level of service.

The practice did not assess, monitor and improve the quality and safety of the services provided:

- The practice procedure for reviewing significant incidents was inadequate.
- Staff were working in practice with no medical indemnity in place and there was no recognition of this by management.
- The practice was not undertaking any re-audit of services where improvements were identified, put in place and then assessed to be effective.

Policies and procedures were not well managed. They were not always updated appropriately in the staff policy and procedure file.

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