

# Grassendale Medical Centre

## Quality Report

23 Darby Road, Liverpool, Liverpool  
L19 9BP

Tel: 01514271214

Website: [www.grassendalemedicalpractice.nhs.uk](http://www.grassendalemedicalpractice.nhs.uk)

Date of inspection visit: 12 May 2016

Date of publication: 04/07/2016

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

Good



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?

Good



# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	8

### Detailed findings from this inspection

Our inspection team	9
Background to Grassendale Medical Centre	9
Why we carried out this inspection	9
How we carried out this inspection	9
Detailed findings	11
Action we have told the provider to take	19

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Grassendale Medical Centre on 12 May 2016. Overall the practice is rated as good but requires improvement for providing safe services.

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

- The practice was clean and tidy. There were limited facilities for disabled patients. There were translation services available.
- Feedback from patients and surveys indicated patients were satisfied with the standard of care received. However, there were concerns raised regarding the amount of time it took to get a pre-bookable appointment. The practice was aware of this. There had been changes in the practice due to retirement of GPs and the employment of salaried GPs. The practice was in the process of recruiting another GP.

- There were systems in place to mitigate some safety risks including analysing significant events and safeguarding.
- The practice did not follow some health and safety legislation to ensure the safety of both patients and staff. Some risk assessments for health and safety had not been carried out and when they had, some actions had not been undertaken for the risks identified such as fire safety. There were insufficient systems in place to oversee monitoring of safety aspects of the practice.
- Required pre-employment checks had not been carried out for all staff.
- Patients' needs were assessed and care was planned and delivered in line with current legislation.
- Information about services was available. There was a virtual patient participation group (PPG).

However, there were areas where the provider must make improvements.

- Ensure appropriate recruitment checks are carried out for all their staff. For example, to have enhanced checks when staff act as chaperones.

# Summary of findings

- Complete health and safety risk assessments and any actions required as a result including continuous monitoring.

The provider should:

- Improve how they gain and act on patient feedback.

- Have a clear clinical management plan for nursing prescribers.
- Update policies to include named staff for lead roles.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services. This was because some essential health and safety risk assessments, actions and monitoring of safety aspects of the practice were incomplete; and there were insufficient recruitment checks for some staff.

However, the practice did take the opportunity to learn from internal incidents and safety alerts, to support improvement. The practice had appropriate arrangements to deal with medical emergencies.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Clinical audits demonstrated quality improvement. Staff worked with other health care teams. Staff received training suitable for their role but some required refresher training.

Good



### Are services caring?

The practice is rated as good for providing caring services. Patients' views gathered at inspection demonstrated they were treated with compassion, dignity and respect by clinicians and they were involved in decisions about their care and treatment.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. There were some concerns raised from patient feedback regarding the length of time patients had to wait to make pre-bookable appointments with a GP of their choice. The practice was aware of these concerns and was in the process of recruiting a new GP. Information about how to complain was available and evidence showed the practice responded to written issues raised. Learning from written complaints was shared with staff.

Good



### Are services well-led?

The practice is rated as good for being well-led. However some policies needed to be updated to reflect protocols and lead roles. There was a patient participation group (PPG) but greater engagement was needed from the practice to act on feedback received.

Good



# Summary of findings

The practice did make good use of innovative tools for improved communications. For example, the practice made use of an IT system (Evernote) to help cascade guidance for staff. Staff had received inductions and attended staff meetings and events.

# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for providing services for older people.

- 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.

Good



### People with long term conditions

The practice is rated as good for providing services for patients with long term conditions.

- The practice had registers in place for several long term conditions including diabetes and asthma.
- Longer appointments and home visits were available when needed.
- The practice had systems in place to arrange annual reviews for patients 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.

Good



### Families, children and young people

The practice is rated as good for providing services for families, children and young people.

- The practice regularly liaised with health visitors to review vulnerable children and new mothers.
- 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.

Good



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

The practice is rated as good for providing services for working age people.

Good



# Summary of findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible.
- There were online systems available to allow patients to make appointments.
- The practice did offer extended hours opening but this did vary depending on clinicians' availability.

## People whose circumstances may make them vulnerable

The practice is rated as good for providing services for people whose circumstances make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had carried out annual health checks and longer appointments were available for people with a learning disability.

Good



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

The practice is rated as good for providing services for people experiencing poor mental health.

- Patients
- Those that did not attend had alerts placed on their records so they could be reviewed opportunistically.
- The practice liaised with the local mental health teams to support these patients.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published in January 2016 (from 123 responses which is approximately equivalent to 1.5% of the patient list) showed the practice was performing above local and national averages in certain aspects of service delivery. For example,

- 98% said the last appointment they got was convenient (CCG average 93%, national average 92%).
- 96% said the last nurse they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).

However, some results showed below average performance, for example,

- 33% of respondents with a preferred GP usually got to see or speak to that GP (CCG average 58%, national average 59%)

In terms of overall experience, results were comparable with local and national averages. For example,

- 85% described the overall experience of their GP surgery as good (CCG average 87%, national average 85%).

- 75% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 80%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received eight comment cards, all of which were very complimentary about the service provided. Patients said they received a caring service. We spoke with five representatives of the patient participation group who echoed these comments, but expressed concerns regarding the long wait to receive pre-bookable appointments with a GP of their choice.

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. Results for March and April 2016 from 39 responses showed that: 33 patients were either extremely likely or likely to recommend the practice, one response said unlikely, and five were unsure. There were many comments expressing satisfaction with the care received and there were seven comments regarding the long wait to receive pre bookable appointments.



# Grassendale Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector and included a GP specialist advisor.

## Background to Grassendale Medical Centre

Grassendale Medical Centre is based in an affluent area of Liverpool. There were 8090 patients on the practice register at the time of our inspection and the practice had a higher proportion of elderly patients.

The practice is managed by three partners, two male GPs and the practice manager. There are three salaried female GPs. There is a nurse prescriber and two practice nurses and a health care assistant. Members of clinical staff are supported by a practice manager, reception and administration staff.

The practice telephone lines are open 8am to 6.30pm every weekday. The practice offers extended hours from 7am to 8pm but the days vary from week to week depending on the availability of clinicians.

Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service, provided by Urgent Care 24 by calling 111.

The practice has a General Medical Services (GMS) contract and has enhanced services contracts which include childhood vaccinations.

## Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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

# Detailed findings

- 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)

The inspector :-

- 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 12 May 2016.
- Spoke to staff and representatives of the patient participation group.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and discussed learning points at practice meetings.

We reviewed minutes of meetings where significant events and complaints were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

### Overview of safety systems and processes

The practice had some systems, processes and practices in place to keep patients safe and safeguarded from abuse but improvements were needed in overseeing these systems:

- 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. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on

safeguarding children and vulnerable adults relevant to their role. The practice met with the local health visitor on a monthly basis to discuss any safeguarding concerns.

- A notice in the waiting room advised patients that chaperones were available if required. Staff had received chaperone training, but had not received a Disclosure and Barring Service (DBS) check. (DBS
- We observed the premises to be clean and tidy. The practice had employed a new cleaning contractor the day before our inspection and therefore, cleaning schedules and monitoring systems had not yet been arranged. One of the GPs and the practice manager took responsibility for infection control. However, staff were not aware of who the infection control lead was for the practice. There was an infection control protocol but this needed to be updated to reflect the named lead for infection control. Annual infection control audits were undertaken by the visiting local infection prevention team. The practice had recently refurbished clinical rooms to comply with infection control standards.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG medicines management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The repeat prescribing policy outlined that the nurse prescriber could prescribe under an agreed clinical management plan. However, it was not clear what this plan was or the arrangements for clinical supervision.
- Blank prescription forms were securely stored. There were monitoring systems to log their use but there were gaps in the documentation viewed with numbers not being recorded, so there was no overview of what had been used.
- There was a record to monitor expiry dates of emergency medication. However, there were gaps in the details of recording how much medication was available and there were no overview arrangements in place.
- The practice checked fridge temperatures to ensure vaccinations were stored at the range recommended by manufacturers and kept a written record of the temperatures. However, again, there was no system to oversee the monitoring records and we found gaps in

## Are services safe?

the documents reviewed. For example, there were instances where temperatures for vaccination storage were higher than those recommended, but it was then unclear what happened next.

- We reviewed four personnel files and found there were insufficient recruitment checks prior to employment. For example, there were no written references available and no DBS check for two nurses and staff that acted as chaperones. There were no risk assessments in place for those that did not have a DBS check. We were sent evidence the day after our inspection to support a DBS check had been carried out for one of the nurses and was told this had been misfiled. We were then informed that the other nurse did have a DBS check at home, but had forgotten to inform the practice manager and this was forwarded to us. What was therefore clear was that the nurse had started employment at the practice before they had properly checked the DBS check. There was no overarching system to monitor recruitment checks.

### Monitoring risks to patients

- There were some procedures in place for monitoring and managing risks to patient and staff safety. The practice employed an external company to look at health and safety risk assessments. There was a health and safety policy available with a poster but this did not identify local health and safety representatives. All staff received fire safety training at induction. The practice

had up to date fire risk assessments but had not carried out any fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a risk assessment for legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). There was no control of substances hazardous to health (COSHH), Display Screen Equipment or work station risk assessments. This is required by law to prevent staff being at risk from harm.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

### 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 at reception.
- The practice had a defibrillator available and oxygen. A first aid kit and accident book was available.
- 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.

# 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. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.

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

### 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 and held regular meetings to discuss performance. (QOF is a system intended to improve the quality of general practice and reward good practice). The practice had systems in place to ensure they met targets and the most recent published results were 99% of the total number of points available. The practice also worked towards meeting local key performance targets. The practice was aware of high prescribing rates for some antibiotics and evidence reviewed demonstrated the practice was making significant improvements.

The practice carried out a variety of audits that demonstrated quality improvement. For example, medication audits and clinical audits. There were continuous improvement audits for HRT which demonstrated improvements in patient outcomes.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals. All staff had received an appraisal within the last 12 months.
- Staff had access to training that included: safeguarding, infection control, fire safety awareness, and basic life support and information governance. Staff were given protected learning time and had access to and made use of e-learning training modules and in-house training. There was no overarching system in place so the practice could identify whether all staff had received mandatory training. Certificates were available in staff files. We requested more information. A spreadsheet giving dates for completed training was submitted the day after our inspection that showed some staff needed to complete their training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- 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 services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. The practice liaised with local mental health teams to support patients experiencing poor mental health.

### Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. GPs were aware of the relevant guidance when providing care and treatment for children and young people.

# Are services effective?

(for example, treatment is effective)

## Supporting patients to live healthier lives

Patients who may be in need of extra support were identified by the practice. This included patients who required advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service or referred to the in house health trainer. The practice worked with Age Concern, the local Citizen's Advice Bureau and an assigned social worker.

The practice had previously relied on the local immunisations team to carry out childhood vaccinations. The practice had taken over this role in early 2016 and had employed an extra practice nurse to meet the demand.

The practice demonstrated how they encouraged uptake of cancer screening programmes by sending reminder letters to patients. The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years (01/04/2014 to 31/03/2015) was 81% compared with a local average of 79% and a national average of 81%.

# 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 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 free clinical room to discuss their needs but this facility was not advertised at reception.

All of the eight 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 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 published in January 2016 (from 123 responses which is approximately equivalent to 1.5% of the patient list) showed patients felt they were treated with compassion, dignity and respect. For example:

- 90% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 83% said the GP gave them enough time (CCG average 90%, national average 87%).
- 82% said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).

- 96% said the last nurse they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 87% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%).

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

- 83% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 92% said the last nurse they saw was good at involving them in decisions about their care (CCG average 88%, national average 85%).
- 74% said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 82%).

The practice provided facilities to help patients be involved in decisions about their care. For example, there were translation services available. There was a practice leaflet in large print for the visually impaired and easy read information available.

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

Notices in the patient waiting room 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 so they could be offered additional services if required such as the flu vaccination.

Staff were aware patients experiencing bereavement could be signposted to local counselling services.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

There were some services available to take into account the needs of different patient groups. For example;

- All appointments were longer than ten minutes, for some GPs they were 13 minutes, for others, 15 minutes.
- There were longer appointments available for people with a learning disability or when interpreters were required.
- Home visits were available for elderly patients.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were interpreter services available.

However, there were limited facilities for disabled patients. For example, patients would have to call for assistance to enter the building, no appropriate access to the reception desk and there was no hearing loop.

### Access to the service

The practice telephone lines are open 8am to 6.30pm every weekday. The practice offered extended hours but this varied depending on the clinician's availability. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service, provided by Urgent Care 24 by calling 111.

Results from the national GP patient survey published in January 2016 (from 123 responses which is approximately equivalent to 1.5% of the patient list) showed that patient's satisfaction with how they could access care and treatment were comparable with local and national averages. For example:

- 76% of patients described their experience of making an appointment as good compared to the CCG average of 79% and national average of 75%.
- 98% said the last appointment they got was convenient (CCG average 93%, national average 92%).
- 89% of respondents were able to get an appointment to see or speak to someone last time they tried (CCG average 85%, national average 85%).

- 79% patients said they could get through easily to the surgery by phone (CCG average 75%, national average 73%).

However, negative comments we received from patient feedback indicated that there was some dissatisfaction with having to wait too long to get a routine appointment with a preferred GP. Results from the national GP patient survey showed that:

- 33% of respondents with a preferred GP usually got to see or speak to that GP (CCG average 58%, national average 59%)
- 59% said they do not normally have to wait too long to be seen GP (CCG average 59%, national average 58%).

There had been changes in the practice due to retirement of GPs and the employment of salaried GPs. The practice was aware of the comments and had tried a variety of appointment systems to meet patients' needs and was in the process of recruiting a new GP.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available in a practice information leaflet and also on the practice website but was not advertised in the waiting room. The complaints policy clearly outlined a time frame for when the complaint would be acknowledged and responded to and who the patient should contact if they were unhappy with the outcome of their complaint.

Complaints were discussed at staff meetings. We reviewed a log of previous complaints and found written complaints were recorded and written responses included apologies to the patient and an explanation of events. The practice reviewed all complaints on an annual basis to identify any trends and produced a report summarising learning outcomes that was shared with all staff.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice described some of their aims in their statement of purpose as, 'to deliver good quality care, to be accessible to patients, and treat patients with dignity and respect.'

The practice management met on an informal basis to discuss business plans.

### Governance arrangements

Evidence reviewed demonstrated that the practice had:-

- An overarching clinical governance policy and a range of other policies and supporting information that all staff could access on the computer system. There was also a staff handbook and hard copies of the main policies available. However, some policies required updating to reflect how the practice operated. For example, the details for the lead for infection control were incorrect. There was a Control of Substances Hazardous to Health (COSHH) policy which detailed safety sheets would be maintained for materials in use on the premises, but there were no safety sheets available.
- There were some risk assessments for health and safety but some actions were required to meet legislation, for example, fire drills. Some risk assessments had not been carried out. There were monitoring systems such as records for fridge temperatures, expiry dates for emergency medications. However, there was no overarching system to check records of safety checks and therefore there was a risk that any necessary actions would not be undertaken. For example, it was difficult to see what action had been taken when fridge temperatures for the storage of vaccines were greater than recommended by the manufacturer.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information. The practice made use of an IT system (Evernote) to help staff communications and sharing of guidance rather than having notices pinned on to noticeboards within the practice. Meetings were

planned and regularly held including: daily clinicians meetings, monthly structured clinicians' meetings, and meetings with a range of other health care professionals, including palliative care meetings.

- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents was in place. The practice was in the process of developing an on line recording form.
- A system of continuous quality improvement including the use of audits which demonstrated an improvement on patients' welfare. For example, medication audits and clinical audits.

### 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 aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went 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 had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG was a virtual group but had plans to meet at the practice on a quarterly basis. The practice met with individual members if there were concerns, but not with the whole group. More could be done to engage patients in the running of the practice.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

# Are services well-led?

Good 

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

## Continuous improvement

Staff regularly attended local neighbourhood meetings and training events. The practice was working towards standards for the well-being charter for its staff. One of the GPs was training to be able to train new GPs.

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>There were insufficient risk assessments, and monitoring systems to maintain the safety of the service in relation to the premises and equipment within it.</p> <p>For example, there was a fire risk assessment but no action had been taken with regards to fire drills.</p> <p>There were no risk assessments for display screen equipment or work station safety for staff. There were no risk assessments for the Control of Substances Hazardous to Health. There were no monitoring systems in relation to cleaning of the premises and equipment.</p> <p>There was monitoring logs in place for fridge temperatures for storage of vaccines, expiry dates for emergency medications and blank prescriptions. However, there was no overarching system to check records of safety checks and therefore a potential risks that necessary action may not be taken. We found gaps in the documentation reviewed. For example, with the amounts of emergency medications available and fridge temperatures being high with no record of what actions were taken to mitigate any risks.</p> <p>12(2)d</p>

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p><b>How the regulation was not being met:</b></p> <p>The provider had not carried out any Disclosure and Barring checks for staff that acted as chaperones. There were no risk assessments with regard to staff who did not have DBS checks in place and there were not enough</p>

This section is primarily information for the provider

## Requirement notices

records to demonstrate compliance with schedule 3 of the regulation. It was unclear whether the practice had had sight of two of the practice nurses' DBS checks prior to employment as there were no records available on the day of the inspection.