Beeches Surgery

Quality Report

9 Hill Road, Carshalton, Surrey, SM5 3RB
Tel: 020 8647 6608
Website: **www.beechessurgery.nhs.uk/**

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

Beeches Surgery, located in Carshalton area of the London Borough of Sutton provides a general practice service to approximately 5600 patients.

We carried out an announced comprehensive inspection at Beeches Surgery on 13 January 2015. The inspection took place over one day and was undertaken by a Care Quality Commission (CQC) inspector along with a GP advisor and practice manager advisor.

Overall the practice is rated as inadequate and improvements are required.

Specifically, we found the practice inadequate for providing safe and effective services and in being well led. It was also inadequate for providing services for all population groups. Improvements were also required for providing caring and responsive services.

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

- Systems were not in place to ensure the arrangements for prescribing, recording and handling prescriptions and repeat prescriptions kept people safe.
- Disclosure and Barring Service (DBS) checks had not been undertaken for non-clinical staff who undertook chaperoning activities.
- Significant events were being recorded but the practice was not recording incidents or near misses and staff were not clear about reporting incidents. There was little evidence of learning and communication with staff.
- There were insufficient systems in place to protect patients from the risk of healthcare associated infections.
- The practice had no clear leadership structure and limited formal governance arrangements.
- Patients were positive about their interactions with staff and said they were treated with compassion and dignity.
- Urgent appointments were usually available on the day they were requested.

Summary of findings

The areas where the provider must make improvements are:

- Ensure there are appropriate arrangements in place for safe processing of prescriptions and storage of blank prescription forms.
- Take action to address identified concerns with Healthcare associated infection prevention and control practice.
- Ensure Disclosure and Barring Service (DBS) checks are undertaken for all staff who take on chaperoning duties.
- Ensure availability of oxygen and an automated external defibrillator (AED) or undertake a risk assessment if a decision is made to not have oxygen or an AED on-site.
- Ensure non-clinical staff receive training in safeguarding of children and vulnerable adults.
- Ensure audits of practice are undertaken, including completed clinical audit cycles.
- Ensure there are formal governance arrangements in place including systems for assessing and monitoring risks and the quality of the service provision.
- Ensure staff have appropriate policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.
- Clarify the leadership structure and ensure there is leadership capacity to deliver all improvements.
- Ensure feedback is sought from patients, carers and staff and that this feedback is used to develop the service
- Ensure that all clinical staff have an awareness of the requirements of the Mental Capacity Act (2005), Gillick competencies, Deprivation of Liberties (DoLS) and general issues relating to consent to care and treatment
- Ensure that people with long-term conditions are reviewed regularly and their care is planned appropriately.
- Ensure a fire risk assessment of the premises is undertaken.

The areas where the provider should make improvement are:

- Ensure incidents and near misses are recorded and discussed to promote learning.
- Ensure all patients with a learning disability receive an annual health check and have a care plan in place and it is reviewed at least annually.
- Ensure all patients with dementia have a care plan in place and it is reviewed at least annually.
- Ensure that staff are supported with appropriate development opportunities.
- Consider maintaining a list of patients who are vulnerable or at risk so that the needs of these patients can be better planned for and met.
- Ensure patient confidentiality is maintained at all times especially as regards the location where patients leave prescription requests.

On the basis of the ratings given to this practice at this inspection, I am placing the provider into special measures. This will be for a period of six months. We will inspect the practice again in six months to consider whether sufficient improvements have been made. If we find that the provider is still providing inadequate care we will take steps to cancel its registration with CQC.

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.

The practice did not maintain logs of incidents of near misses and some staff were unaware of the reporting procedures.

We found that the practice did not undertake DBS checks for all staff undertaking chaperoning activity and there was no risk assessment in place detailing why the checks had not been carried out. Some staff we spoke with did not know how to report safeguarding concerns outside of the practice and were not aware of the practice safeguarding policy.

We found that although all staff received annual medical emergencies training, suitable arrangements were not in place for dealing with medical emergencies because the practice did not have a supply of medical oxygen in the premises or an automated external defibrillator (AED) and did not have a risk assessment in place demonstrating they had assessed the potential risks of not having an AED.

Systems were not in place to ensure the process of handing out prescriptions was appropriately monitored by clinical staff and processing hospital prescriptions was safe. This was because non-clinical staff were adding items to prescriptions and the practice did not demonstrate that processes currently in place to check what staff had added to prescriptions were adequate.

There were insufficient systems in place to protect patients and staff from the risk of healthcare associated infections. On the day of our visit the various areas in the practice that were being used by patients and staff were visibly dusty and there were no cleaning schedules in place. The practice did not undertake periodic infection control audits. The practice had not carried out a fire risk assessment and was not conducting fire drills.

Are services effective?

Inadequate

The practice is rated as inadequate for providing effective services, as there were areas where improvements should be made. We saw limited evidence that audits were being undertaken and were driving improvement in patient outcomes. There was limited evidence of multidisciplinary working with other health and social care professionals. The practice manager had recently set up liaison

Summary of findings

with the learning disability team however there were no other working arrangements with other services such as diabetes or mental health services to ensure a comprehensive approach to manage these conditions.

There was a lack of monitoring of the services being provided, and reviews of patients with long-term conditions were not structured. There were no systems to undertake regular reviews and monitor conditions. Although there was a named GP for diabetes and chronic obstructive pulmonary disease (COPD) they were not responsible for ensuring reviews were carried out for patients nor was there an availability of other clinical staff to undertake these reviews.

Are services caring?

Requires improvement

The practice is rated as requires improvement for providing caring services as there are areas where it should make improvements.

Patients we spoke with were complimentary about the service. They described staff as caring and respectful. Information was available to patients regarding counselling and support services.

However, the practice did not have any processes in place to gather patients' feedback and review it on a periodical basis. We saw that processes had been put in place for a patient participation group but it was not yet operational at the time of our inspection.

Are services responsive to people's needs?

Requires improvement

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

The practice reviewed the needs of its local population and engaged with the Clinical Commissioning Group, by attending the local CCG meetings.

The practice did not have translation services in place for patients and staff had not received equality and diversity training. Online appointment booking was available. However, the practice telephone system was outdated and as a result only two calls could be received at one time. There was no facility for callers to leave a message or wait in a queuing system. This meant that access to the service was limited.

Patients said they generally did not find it difficult to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. Information about how to complain was available and easy to understand. The practice had recently started monitoring complaints since the new practice manager had started in the job.

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The practice offered extended appointments for spirometry, diabetic reviews, and for patients with mental health problems and learning disabilities. A list was maintained of all housebound patients and alerts were set up on the system to make staff aware if a patient was housebound.

The practice manager and senior partner attended the local CCG network meeting and the practice manager also attended the local monthly practice managers' meetings. Staff had recently received care planning training from the learning disabilities team.

Are services well-led?

Inadequate

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

Some staff we spoke with were not aware of the practice vision or values. There was no clinical lead for the practice and staff told us that they did not always feel supported, and opportunities for development, especially for non-clinical staff were limited. Although staff knew who the senior partners were, we found a lack of effective clinical leadership and absence of a clear vision and strategic direction.

There was lack of arrangements for identifying, managing and mitigating risks. The practice was not undertaking regular risk assessments such as for fire risk assessments. Non-clinical staff had clinical level access to the system and there was no risk assessment in place to assess the risks to patients.

The practice had recently conducted a patient survey, however because it was so recent they had not collated or evaluated findings from the survey. They did not have any records of seeking feedback from staff. The patient participation group (PPG) was not operational at the time of our inspection visit.

Summary of findings

The six population groups and what we found

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

Older people

Inadequate

The practice is rated inadequate for the population group of older people.

The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice had a named GP for patients over 75.

Care and treatment of older people did not always reflect current evidence-based practice, and some older people did not have care plans where necessary. Longer appointments were not available, however home visits were available for older people when needed. Appointments could be booked on the day and emergency appointments were available if required. The practice manager had started to engage with this patient group to look at further options to improve services for them.

The practice had a safeguarding lead that was available for information and support for staff. The practice did not provide any services to care homes in the area.

People with long term conditions

Inadequate

The practice is rated as inadequate for the population group of people with long-term conditions. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were named GPs for patients with diabetes and COPD. Longer appointments and home visits were available for patients with long-term conditions. For example, patients with diabetes and chronic obstructive pulmonary disease (COPD) were offered double appointment slots as and when their reviews were carried out. However, structured annual reviews of patients with long-term conditions were not undertaken to check that patients' health and care needs were being met.

GPs specialised in particular areas of interest such as diabetes and heart disease. Patients were allocated to the GP with the area of specialism as part of their routine appointment.

The practice employed a dietician who worked for one session every two weeks. They provided an appointment based clinic for patients who were referred by the GP. This service we were told was particularly beneficial to patients with long-term conditions such as diabetes to help them maintain healthy eating habits.

Summary of findings

Families, children and young people

Inadequate

The practice is rated as inadequate for the population group of families, children and young people. The concerns which led to these ratings apply to everyone using the practice, including this population group.

All clinical staff had completed child protection training. Clinical staff we spoke with demonstrated an understanding of abuse and safeguarding issues. However, non-clinical staff had not received safeguarding training.

The practice had some systems in place to alert staff to the needs of vulnerable families and children. All children on the 'at risk' register were discussed at the monthly clinical meeting. If children aged under five years of age needed to see the GP they were always offered an appointment on the same day. The practice routinely contacted and sent relevant documents to the health visiting team for all children aged 5 and under newly registered with the practice.

Patients aged 14 to 24 were targeted for Chlamydia testing. An alert was set up on the system to remind patients about screening when seeing a GP or nurse for a routine appointment. The practice had made arrangements with an external organisation to provide training for staff for chlamydia screening.

Working age people (including those recently retired and students)

Inadequate

The practice is rated as inadequate for the population group of working-age people (including those recently retired and students). The concerns which led to these ratings apply to everyone using the practice, including this population group.

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

The practice offered NHS health checks to patients aged 40-74. In the last quarter 20 patients had been offered a health check and five checks had been carried out.

The practice offered extended opening hours for appointments till 7pm on Monday, Tuesday and Thursdays. Patients could book appointments and order repeat prescriptions online. Health promotion advice such as smoking cessation and healthy eating advice was provided by the in-house dietician.

Summary of findings

People whose circumstances may make them vulnerable

Inadequate

The practice is rated as inadequate for the population group of people whose circumstances may make them vulnerable. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice did not hold a register of patients in vulnerable circumstances, other than those with a learning disability. There were 19 patients on the learning disabilities register. At the time of the inspection none of the patients had a care plan in place and none had received an annual health check. Following the inspection the practice manager showed us evidence of plans for health checks to be carried out and care plans to be drawn up for patients with learning disabilities. Staff had recently received care planning training from the learning disabilities team.

The practice had recently started working with multi-disciplinary teams in the case management of patients with learning disabilities.

Most staff knew how to recognise signs of abuse in vulnerable adults and children and were aware of their responsibilities regarding information sharing and documentation of safeguarding concerns. However, some staff we spoke with did not know how to report safeguarding concerns outside of the practice and some staff were not aware of the requirements of the Mental Capacity Act (2005) in relation to consent to care and treatment. Not all staff had completed training in safeguarding of adults.

People experiencing poor mental health (including people with dementia)

Inadequate

The practice is rated as inadequate for the population group of people experiencing poor mental health (including people with dementia). The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice had identified 17 patients on their dementia register. However, not all of these patients had been reviewed in the last year and not all of them had a care plan in place. QOF results showed that only 69% of patients with dementia had received a face to face review in the last 12 months. This was 13% points below the CCG average. Only 25% of patients with a new diagnosis of dementia had a record of full blood count (FBC), calcium, glucose, renal and liver function, thyroid function tests, serum vitamin B12 and folate levels recorded between 6 months before or after entering on to the register. This was 53% below the CCG average.

There were 36 patients who were on the practice's mental health register. 31 had a care plan in place and had received an annual health check.

Summary of findings

The practice however had not worked with multi-disciplinary teams in the case management of people experiencing poor mental health. There was no evidence that patients experiencing poor mental health were being provided information about support groups and services available in the community.

The practice did not have a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Some staff had received training on how to care for people with mental health needs but no dementia training was available to staff. Not all clinical staff had completed Mental capacity Act (2005) or Deprivation of Liberty Safeguards (DoLS) training and they told us they were not fully confident in dealing with these issues.

Summary of findings

What people who use the service say

We received five completed CQC comment cards and spoke with three patients during the inspection. Generally patients were happy with the service they received. Patients described staff as helpful and caring. They were all complimentary about staff and the care they received.

Some patients felt that sometimes it was difficult to get an appointment, especially in the evenings. However the practice had recently increased their opening hours which patients commented had improved access. Patients we spoke with generally felt it was not difficult getting through to the practice on the phone.

The practice manager was in the process of setting up a patient participation group (PPG). The practice had only recently conducted a patient survey and did not have any other processes in place to gather patient feedback. All the patients we spoke with confirmed they had never been asked to provide feedback on the service.

Areas for improvement

Action the service MUST take to improve
Action the provider MUST take to improve:

- Ensure there are appropriate arrangements in place for safe processing of prescriptions and storage of blank prescription forms.
- Take action to address identified concerns with Healthcare associated infection prevention and control practice.
- Ensure Disclosure and Barring Service (DBS) checks are undertaken for all staff who undertake chaperoning.
- Ensure availability of medical oxygen in the premises.
- Ensure non-clinical staff receive training in safeguarding of children and vulnerable adults.
- Ensure audits of practice are undertaken, including completed clinical audit cycles.
- Ensure there are formal governance arrangements in place including systems for assessing and monitoring risks and the quality of the service provision.
- Ensure staff have appropriate policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.
- Clarify the leadership structure and ensure there is leadership capacity to deliver all improvements.
- Ensure feedback is sought from patients, carers and staff and that this feedback is used to develop the service
- Ensure that all clinical staff have an awareness of the requirements of the Mental Capacity Act (2005), Gillick competencies, Deprivation of Liberties (DoLS) and general issues relating to consent to care and treatment
- Ensure that people with long-term conditions are reviewed regularly and their care is planned appropriately.
- Ensure a fire risk assessment of the premises is undertaken.

Action the service SHOULD take to improve
Action the provider SHOULD take to improve:

- Ensure incidents and near misses are recorded and discussed to promote learning.
- Ensure availability of an Automated external defibrillator (AED) or undertake a risk assessment if a decision is made to not have an AED on-site.
- Ensure all patients with a learning disability receive an annual health check and have a care plan in place and it is reviewed at least annually.
- Ensure all patients with dementia have a care plan in place and it is reviewed at least annually.
- Ensure that staff are supported with appropriate development opportunities.
- Consider maintaining a list of patients who are vulnerable or at risk so that the needs of these patients can be better planned for and met.

Summary of findings

- Ensure patient confidentiality is maintained at all times especially as regards the location where patients leave prescription requests.

Beeches Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP and a practice manager specialist advisor. They are granted the same authority to enter registered persons' premises as the CQC inspectors.

Background to Beeches Surgery

Beeches Surgery provides GP primary medical services to 5634 patients living in the London Borough of Sutton.

The practice profile for female patients aged between 10-19 and 40-69 years are both above the England and Sutton CCG averages. The practice profiles for male patients aged 10-14 and 40-59 years are also above the England and Sutton CCG averages.

The practice facilities include four consulting rooms, wheelchair access, disabled parking for patients and users, step-free access and a disabled WC.

The practice is a partnership with two principal GPs. There are three male GPs, two female GPs, two female practice nurses, one female healthcare assistant, a practice manager, secretary and nine reception staff (a mixture of full-time and part-time staff). The practice holds a General Medical Services (GMS) contract. [A GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities].

The practice has opted out of providing out of hours (OOH) services to their patients. If patients require advice or assistance out of hours they are directed to the 'NHS 111' service for healthcare advice.

The practice is registered with the Care Quality Commission to provide the regulated activities of family planning; treatment of disease, disorder and injury; surgical procedures; diagnostic and screening procedures and maternity and midwifery services.

The practice opening hours are between 8am to 6.30pm Monday to Fridays. GP appointments are available between 8-12pm and 1.30-6.30pm. The practice offers extended hours Monday to Thursday between 6.30pm to 7.00pm. The practice offers online appointments and, repeat prescription. The practice also offers home visits to patients who are housebound or have difficulty attending the surgery.

The practice provides a range of services including an asthma clinic, child health and development clinic and long–acting reversible contraception.

The CQC intelligent monitoring placed the practice in band one. The intelligent monitoring tool draws on existing national data sources and includes indicators covering a range of GP practice activity and patient experience including the Quality Outcomes Framework (QOF) and the National Patient Survey. Based on the indicators, each GP practice has been categorised into one of six priority bands, with band six representing the best performance band. This banding is not a judgement on the quality of care being given by the GP practice; this only comes after a CQC inspection has taken place.

Detailed findings

Why we carried out this inspection

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

The provider had not been inspected before and that was why we included them.

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 13 January 2015. During the visit we spoke with staff including both GP partners, salaried GPs, practice manager, practice nurse, health care assistant and reception and administration staff. We spoke with three patients. We observed interactions between patients and staff with patients in the reception area. We reviewed comment cards where patients shared their views 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

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

Are services safe?

Our findings

Safe track record

The practice did not record incidents or near misses. The only safety system in place was for significant events. Non-clinical staff were not aware of the incidents reporting procedures. Although clinical staff were able to explain what incidents or near misses were, none were recorded so this indicated that the reporting processes were inadequate.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events. Significant events were all sent to the senior partner and then discussed informally with the relevant person involved. Significant events were discussed at the monthly clinical practice meetings attended by clinical staff. We did not see evidence of significant events being discussed wider than this meeting. At the time of our visit we noted that there had been two recorded significant events and we were told that the recording of significant events had only begun since the new practice manager came into post in July 2014. There was evidence that the practice had learned from the two recorded significant events and the findings were shared with relevant staff. For example one of the significant events related to when a duty GP saw a patient who was seriously ill but the handover notes from the regular GP were not sufficient. The duty GP needed to review the patient's notes over the weekend and could not get access to the surgery or get in contact with any of the staff. The incident was discussed at the practice meeting and procedures were updated to ensure the building was accessible over the weekend and communication was improved to ensure GPs had the information they required relating to patients who were seriously ill.

Reliable safety systems and processes including safeguarding

One of the GPs was the assigned safeguarding lead. Safeguarding was a standard item on the monthly practice meeting agenda. This included making staff aware of their roles and responsibilities. All of the GPs had completed Level 3 child protection training and both nurses and the health care assistants had completed level 2. The majority of clinical staff had completed safeguarding adults training. Non-clinical staff had not received safeguarding training. The non-clinical staff we spoke with did demonstrate an understanding of safeguarding issues though not all of them were aware of the practice safeguarding policy or where to report suspected safeguarding outside of the practice. However, they were all aware who the lead clinician for safeguarding was and how to report safeguarding concerns within the practice.

All the GPs we spoke with demonstrated good awareness of safeguarding, and explanations of how they handled the cases were in line with their policy. All GPs had access to an information pack with contact details of the local area's child protection and adult safeguarding departments.

The practice had a chaperone policy in place. Patients were made aware of their right to a chaperone, through signs in the waiting area and also on the practice website. GPs and reception staff confirmed that the reception staff undertook chaperoning. However, suitable checks such as the Disclosure and Barring services (DBS) checks had not been undertaken on non-clinical staff who undertook chaperoning activities.

Medicines management

The practice must improve the way they manage medicines.

Systems were not in place to ensure the arrangements for prescribing, recording and handling prescriptions and repeat prescriptions kept people safe. Patients could request prescriptions by email or in person. Non-clinical administrative staff were responsible for re-authorising repeat prescriptions, adding items to prescriptions and processing hospital generated prescriptions. Staff told us that a 'post-it' note was attached to prescription scripts that they wanted to bring to the GPs' attention. This process was unsafe because there were no processes identifying if the post-it note fell off. No audits had been undertaken as to which prescriptions should have had a post-it note attached. We found that the systems in place for GPs to check what reception staff had added or processed were inadequate. For example, the three GPs we spoke with gave us differing accounts of how they checked the prescriptions passed to them by the receptionists. The inconsistencies meant that we could not be sure the risks to patients were minimised.

This process also required staff to have access to the system beyond their role requirements which was deemed

unsafe. Different levels of access were added to the system to ensure that only staff with the right skills and qualifications accessed the different areas of the system. In order to add items and process prescriptions, reception staff had clinical level access to the system. Therefore the management of medicines was not safe because unskilled staff had the ability to manage medications they were not qualified to manage.

In addition to the above the practice had a repeat prescribing policy that outlined the procedure for repeat prescribing. The practice was not following their own policy. The policy stated that only doctors were allowed to remove drugs off the system, decide to put drugs onto repeat and add to the computer system and authorise medication changes. Reception staff confirmed they were doing all of the above which was not in line with the practice policy.

Prescription printer scripts were stored in boxes in a locked cupboard. However blank scripts were left in printers overnight (in rooms that were not locked). This meant the scripts could be accessed by unauthorised persons during this period. There was no policy in place to monitor the use of prescription scripts so the practice would be unaware if scripts had been taken out of the printer at any point.

Medicines and vaccines were safely stored, recorded and disposed of in accordance with recommended guidelines. We checked the emergency medicines kit and found that all medicines were in date. No controlled drugs were kept on the premises. Vaccines were stored in suitable fridges and a record of fridge temperature checks was maintained. The practice staff were able to confirm to us the actions they would take to address any failures to maintain medicines at the right temperatures.

On the day of our visit we observed that the practice nurse was giving general and travel vaccinations but did not have the relevant patient group directions (PGD) in place to allow this. A patient group direction is a written instruction for the supply and/ or administration of a named licensed medicine for a defined clinical condition. They allow a range of specified registered healthcare professionals to supply or administer medicine (including vaccines) directly to a patient without them seeing a prescriber. The practice manager confirmed that they would rectify this immediately and no vaccines would be administered until the PGDs were in place. Following the inspection the practice manager informed us that the PGDs were now in place and signed.

Cleanliness and infection control

The practice had a written infection control policy for all staff to refer to. The nurse was the designated infection control lead. Personal protective equipment was available in all clinical rooms including aprons, gloves, hand gel and paper towels. However, there were no clinical waste bins in the clinical and minor operations room. Instead general bins were used and staff had to decant clinical waste into clinical waste bags putting themselves at risk of contracting healthcare associated infections.

Cleaning of the practice was contracted out to an external contractor. We were told the cleaners attended every Wednesday and Friday evening. A deep clean was carried out every six months, the last one being completed in January 2015. The healthcare assistant was responsible for cleaning the medical trolley and clinical rooms. The healthcare assistant had devised a cleaning schedule for the areas they cleaned and we saw evidence of the signed weekly cleaning schedules. However, the practice did not have any cleaning schedules in place for the contracted cleaners. Therefore we could not be assured of what areas were cleaned during the cleaners' visits. On the day of the visit there were areas of the practice that were dusty. For example, there were high levels of dust found on the curtain track in the minor operations room. The practice manager confirmed that the practice did not carry out any cleaning audits.

An infection control audit had recently been carried out by the local NHS commissioning support unit. A number of areas of improvement had been identified in relating to infection control. The action plan was still in date and the practice manager told us they were working towards implementing it.

Cleaning equipment was stored inappropriately in an outside box shed and a downstairs toilet. The inappropriate storage meant that there was risk of cross contamination of cleaning cloths that were stored in the outside box-shed.

Are services safe?

Though there were signs in the toilets asking people not to dispose of sanitary items in the toilets there were no sanitary bins available on the premises for the disposal of sanitary items to ensure they were disposed of appropriately.

The floor of one of the clinical rooms where the phlebotomy service was carried out had a fitted carpet. The practice manager explained that there was currently no process in place to manage a blood spill other than a "general wipe down" of the area where it had spilt. This meant they could not be assured that the risks associated with the spread of infection were contained. The practice manager assured us that plans were in place to replace the carpet, and it would be replaced with an easy clean surface. However the practice did not have any fixed timescales for this to be completed.

The practice did not have a Legionella risk assessment. (a bacterium that can grow in contaminated water and can be potentially harmful). The practice manager told us that the senior partner had carried out a risk assessment and Legionella testing was deemed unnecessary because the practice was not air conditioned and there were no showers on the premises. However we were not provided with any documentation regarding the same.

Equipment

There were arrangements in place to ensure equipment was maintained through calibration testing. For example we saw records of calibration and portable appliance testing (PAT) that was carried out to equipment in July 2013. The practice manager showed us records to confirm that the next calibration and PAT testing was due to be carried out on the 26 January 2015.

The fire alarm was tested periodically but the practice had not carried out a fire risk assessment and fire drills were not conducted in the practice.

Staffing and recruitment

We reviewed staff files and saw that appropriate pre-employment checks were carried out including obtaining references, photographic identification, and curriculum vitae with no gaps in employment. We noted that whilst evidence of DBS checks were on file for clinical staff apart from the GPs, one member of staff had provided a DBS that was requested by another employer, prior to them working at this practice.

The practice had a recruitment and selection policy. We checked the staff file for the health care assistant who had recently been recruited and found that there was currently no written job description, neither did they have a written contract in place. This was not in accordance with the practice's recruitment and selection policy that stated that every post being recruited to must be supported by a job description and person specification. The practice manager contacted us following the inspection to that confirm both documents had been drafted, and were now in place.

Monitoring safety and responding to risk

The practice did not have adequate systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. For example no fire risk assessment had been undertaken for the premises, there was inadequate signage displaying fire exits and no information was available regarding an evacuation procedure in the event of a fire. Health and safety information was displayed for staff to see and there was an identified health and safety representative.

The provider had not identified various risks and did not maintain a risk log. We found that risks were not discussed at the practice meetings.

Arrangements to deal with emergencies and major incidents

There was a lack of arrangements in place to deal with medical emergencies. All staff had completed annual medical emergencies training which included cardiopulmonary resuscitation (CPR). Pulse oximeters to measure oxygen levels in the blood were available.

However emergency equipment including access to oxygen and an automated external defibrillator (AED-used to attempt to restart a person's heart in an emergency) was not available. No risk assessment as regards the absence of oxygen or an AED had been carried out. Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of anaphylaxis and hypoglycaemia. We saw that records were maintained of the checks to stock levels and monitoring of expiry.

We spoke with the practice manager and they provided a copy of the practice business continuity plan which was dated January 2015. The plan had been introduced since the new practice manager had started in their job. The plan

Are services safe?

set out what to do in the event of an emergency, which included an alarm going off, computer failure, staff sickness cover and power failure. Most of the staff we spoke with were aware of the continuity plan and knew where to find it if they needed to refer to it.

The senior partner described to us an incident where the computers had failed and caused disruption to the service. The explanations demonstrated how the practice coped during these periods of disruption. For example, when the computers failed the practice staff were still able to print patient lists and reverted to manual record keeping in the interim period.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We saw minutes of practice meetings where new guidelines were disseminated, the implications for the practice's performance and patients were discussed and required actions agreed. For example we saw that information relating to Ebola virus had been discussed at a recent practice meeting. The staff we spoke with and the evidence we reviewed confirmed that these actions were designed to ensure that each patient received support to achieve the best health outcome for them. We found from our discussions with the GPs and nurses that staff completed thorough assessments of patients' needs in line with NICE guidelines, and these were reviewed when appropriate.

The senior GP told us that each GP had a specialist clinical area which they led on such as family planning, diabetes and paediatric care. Whilst there were no specific clinics for these services, patients were directed to make appointments with the relevant GP with the specialism they required.

Discrimination was avoided when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate.

Management, monitoring and improving outcomes for people

The practice was not undertaking regular audits of various clinical outcomes at a practice level, on a regular basis. The senior partner referred to a clinical audit for cervical smear tests which they had been carrying out annually for the past 10 years. Following the inspection, paperwork confirming a clinical audit carried out for cervical screening inadequacy rates in 2013-2014 was submitted. The rates were within the accepted standards. No other completed clinical audits were submitted.

The practice maintained written lists of patients with long-term conditions and we noted lack of processes to set up alerts when a review was due. This meant that structured annual reviews were not being undertaken to check that patients' health and care needs were being met because the manual system did not always pick them up. We were told that a practice nurse used to carry out the reviews for patients with diabetes. However, since the nurse left in 2014 reviews were not happening as frequently. Instead patients with long-term conditions such as diabetes and COPD were managed during the normal surgery hours. The practice manager explained that GPs had specialisms and patients were booked appointments with the GP who specialised in the relevant area.

There were 196 patients on the diabetic register and nearly 80% had a record of their blood pressure being checked within the last 12 months, which was within the recommended range. 96% of patients on the diabetes register had also received influenza immunisation and 97% had a record of retinal eye screening within the last 12 months.

There were 24 patients on the COPD register and only 16 patients had been reviewed within the last 12 months which was below 8.3% the local CCG average. However, 94% of patients on the COPD register had received the influenza immunisation, which was 0.2% above the CCG average.

Only 25% of patients with a new diagnosis of dementia had a record of full blood count (FBC), calcium, glucose, renal and liver function, thyroid function tests, serum vitamin B12 and folate levels recorded between 6 months before or after entering on to the register. This was 53% below the CCG average.

The practice had achieved and implemented the gold standards framework for end of life care. It had a palliative care register and had regular multidisciplinary meetings to discuss the care and support needs of patients and their families.

Effective staffing

Practice staff included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that all staff were up to date with attending mandatory courses such as annual basic life support. All GPs were up to date with their yearly continuing professional development requirements and all either had been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment

Are services effective?

(for example, treatment is effective)

called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

None of the non-clinical staff or the nurses had annual appraisals to identify learning needs. Our interviews with staff confirmed that the practice was not proactive in providing training and funding for relevant courses, For example we saw no examples of staff having attended any training other than mandatory training. Staff also told us that there was a lack of development opportunities.

Working with colleagues and other services

The practice worked with other service providers to meet patient's needs and manage those of patients with complex needs. It received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. The practice manager told us that GPs checked blood results on a daily basis. If any results were abnormal, the patient was contacted immediately. Discharge summaries were scanned every day and sent to the appropriate GP for necessary action.

The practice was commissioned for all the new enhanced services such as the Learning disability directed enhanced service, and avoidance of unplanned admissions and had a process in place to follow up patients discharged from hospital. (Enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). All hospital discharge letters were scanned onto the system and then divided up between the GPs. The GPs would assess whether they needed to invite the patient in for a consultation. If there were no issues of concern then they would wait for the patient to contact them if they needed to. However no audit was undertaken to ensure inappropriate follow-ups were documented and that no follow-ups were missed.

The practice held multidisciplinary team meetings every 4-6 weeks to discuss the needs of complex patients, for example those with end of life care needs. These meetings were attended by district nurses, social workers and palliative care nurses and decisions about care planning were documented in the meeting minutes.

Information sharing

The practice used electronic systems to communicate with other providers. For example, there was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner. Electronic systems were not in place for making referrals, and the practice did not use the Choose and Book system. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

The practice used a computer software that enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference. However, audits had not been carried out to assess the completeness of these records and that action had been taken to address any shortcomings identified.

Consent to care and treatment

Some of the clinical staff we spoke with demonstrated awareness of consent to care issues and outlined how they recorded consent on patients' clinical notes. However not all clinical staff we spoke with had completed Mental Capacity Act (MCA) or Deprivation of Liberty Safeguards (DOLs) training. They were not aware of or able to describe the requirements of the Mental Capacity Act 2005, Gillick competency or DOLs. One GP told us whilst they did not have sufficient knowledge they felt that the support available from the community nursing team was sufficient to assist them if they ever had concerns about obtaining consent from patients who lacked capacity.

Patients with a learning disability and some with dementia did not have care plans in place so the practice could not evidence how they were supported to make decisions through the use of care plans.

Health promotion and prevention

The practice offered a range of services for health promotion and prevention. The practice nurse carried out health promotion services including smoking advice, health checks, and weight management sessions. Information relating to smoking cessation, alcohol advice and smear advice was available in the nurse's room and also in the patients' waiting room.

It was practice policy to offer a health check with the health care assistant to all new patients registering with the practice. The GP was informed of all health concerns detected and these were followed up in a timely way. The

Are services effective?

(for example, treatment is effective)

practice manager told us that GPs were encouraged to use their contact with patients to help maintain or improve physical health and wellbeing. For example, by offering opportunistic Chlamydia screening to patients aged 18 to 25 years and offering smoking cessation advice to smokers.

The practice also offered NHS Health Checks to all its patients aged 40 to 75 years. Practice data showed that 20 patients were eligible in the last quarter and five patients had taken up the offer of the health check. We were told that a GP followed up if health risks were identified at the health check and how they scheduled further investigations.

The practice had processes in place for of identifying patients who needed additional support, but were not pro-active in offering additional help. For example, the practice was signed up to the Learning disability directed enhanced service (LD-DES) and kept a register of all patients with a learning disability. On the day of our inspection there were 19 patients on the register and none of them had been offered an annual physical health check (neither did they have a care plan in place) during the current year. We did see evidence that the practice manager had put processes in place with the learning disabilities team to engage better and improve the service for these patients.

The practice maintained a register where patients smoking status was recorded. All new patients' smoking status was recorded and existing patients were offered help to stop smoking. This was not offered in a structured way; instead patients were offered it opportunistically during routine consultations. In the last 12 months, 91% of patients on the co-morbidity register had been offered smoking support or advice to give up.

The practice had identified the smoking status of about 17% of patients over the age of 16. Of this 17%, 95% had their smoking status recorded in the last 12 months. The health care assistant offered smoking cessation clinics (one to one session) to these patients. This service had only started in November 2014 and staff told us it was too early to get any figures on successes.

The practice reported that they had 1529 patients eligible for cervical smear and just over 80% had taken up the screening. Staff told us that the practice had a system in place for recalling patients and sent reminder letters to defaulting patients.

65% of patients aged 60-69 who were eligible for bowel cancer screening had been screened.

The practice offered a full range of immunisations for children and flu vaccinations in line with current national guidance. Last year's performance for children's' immunisations was above average for the CCG. There were 61 children aged 12 months and eligible for Dtap/IPV/Hib, Men C, PCV and Hep B and 91.8% of children eligible had received the vaccinations compared to 85.6% for the CCG. There were 58 children aged five years and eligible for MMR Dose 1 and Dose 2 and 91.4% and 89.8% respectively had received the vaccinations, which was also above the CCG average. There was a clear policy for following up non-attenders which included calling parents if they did not attend for an appointment.

85% of patients aged 65 and over had received the seasonal flu vaccination. Staff told us that they proactively invited patients to attend the practice to have the vaccination and visited patients who were housebound.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey conducted in 2015 (268 surveys sent out; 113 surveys sent back; 42% completion rate) [The GP Patient Survey is an independent survey run by Ipsos MORI on behalf of NHS England; latest results were published on 8 January 2015]. The evidence from this survey showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. For example, data from the national patient survey showed 81.81% of patients rated the practice as good or very good (compared to the National average of 85.91). The results of the survey showed that 98% of the respondents had confidence and trust in the last GP they saw or spoke to. Ninety one per cent of respondents to the national patient survey said reception staff were helpful.

We spoke with three patients on the day of our visit. They told us that the GPs were respectful and always treated them with dignity. The stated that reception staff were always polite and courteous.

Patients completed CQC comment cards to tell us what they thought about the practice. We received 5 completed cards and the majority were positive about the service experienced. We did not receive any negative comments. Patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect. All told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Disposable curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

However, we also noted that staff were not always careful to follow the practice's confidentiality policy in ensuring that patient confidential information was kept private. For example, patients were required to place repeat prescriptions in an uncovered bowl that was kept on the front reception desk. Anyone who was standing at the desk had full view of a patient's name, address and the medication they were asking for on the repeat prescription. We spoke with staff and they confirmed this was the usual place for repeat prescriptions to be handed in. We asked staff to remove it immediately and make alternative arrangements which ensured patient's confidentiality was maintained.

Staff answered the telephone at the front reception desk. The reception desk was not shielded by glass partitions. Whilst staff tried to speak with low tones they could not ensure that conversations were not overheard. As this area was not private, staff told us that patients who needed to speak to staff face to face, in private could do so in the office at the rear of the reception.

Staff told us that if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would raise these with the practice manager. The practice manager told us she would investigate these and any learning identified would be shared with staff.

Notices relating to chaperoning and setting out arrangements were displayed in the patient waiting room. Reception staff told us that they were asked to act as chaperones however they had not received chaperone training. Further to this, the practice did not carry out Disclosure and Barring Service checks on reception staff.

Care planning and involvement in decisions about care and treatment

The national patient survey results showed that 88% of patients (113 patients completed the survey and 74 respondents answered this question) felt the last GP they spoke with was good at involving them in decisions about their care and treatment, compared to 81% for the CCG average.

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views.

Are services caring?

However, the practice did not have any other processes in place on an ongoing basis to gather patients' feedback and review it on a periodical basis. We saw that processes had been put in place for a patient participation group but it was not yet operational at the time of our inspection.

Patient/carer support to cope emotionally with care and treatment

Information leaflets about support services were available to patients in the waiting room and on the practice website. Patients we spoke with were aware of counselling services in the area and one patient told us that staff had signposted them to services in the past.

The national patient survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area. The patients we spoke with on the day of our inspection and the comment cards we received indicated that patients felt they received appropriate support to access support services to help manage care when it was needed. For example, they said that that staff responded compassionately when they needed help and provided support when required.

Notices in the patient waiting room, and patient website also 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. We saw written information available for carers to ensure they understood the various avenues of support available to them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We saw that since the new practice manager had joined, processes had been put in place to respond to the needs of patients. For example meetings had now been set up with the community learning disabilities team to meet the needs of patients with a learning disability. The learning disability team had recently carried out training for staff at the practice on care planning for patients with a learning disability. As a result of this working together the practice had now started making links with three learning disabilities care homes in the area and was making plans to improve services provided to patients living in the homes.

The practice maintained a list of housebound patients. They had an alert on the system so that if they contacted the practice staff were aware they were housebound. GPs carried out home visits to all housebound patients and other services were also provided. For example the practice contacted all housebound patients and offered to attend their home to administer the flu vaccination. The nurse and healthcare assistant visited all housebound patients who required the vaccination.

The practice manager and senior partner regularly attended the CCG network meetings. The practice manager regularly attended the local Sutton Practice managers' monthly meetings and said it helped them in their professional development.

Tackling inequity and promoting equality

The practice had access to online services and face to face translation services were available if patients required it. Staff in the practice had not received equality and diversity training, however the practice manager told us that this need had been identified and training was booked for 25 March 2015.

The premises and services had been adapted to meet the needs of patient with disabilities. There was wheelchair access to the building and a disabled WC. The practice was set out over two floors however there were downstairs consulting rooms, which were used for patients with mobility problems. There was no lift access to the first floor.

We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice including baby changing facilities.

Access to the service

Appointments were available from 8 am to 6.30 pm on weekdays. In addition the practice recently started offering extended opening hours from 6.30pm to 7.00pm on Mondays, Tuesdays, Wednesdays and Thursdays, which was particularly useful to patients with work commitments. Patients we spoke with and comments from the comment cards indicated that the newly introduced extended hours was an improvement to the service.

Information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits. The practice had a facility for patients to book appointments online. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the 111 out-of-hours service was provided to patients.

We were told that the telephone system in the practice was an outdated system and therefore only two calls could come through at a time and there was no queuing facility. As a result of this if a patient tried to call, the phone would ring and eventually get disconnected if a member of staff was not available to answer it or on another call. Messages could only be left if the answer machine was turned on. This meant that access to the service was limited because patients would be delayed in being able to speak with staff at the practice or in some instances not get through at all. There was no system in place for the practice to track when people had called and had been unable to get through. One of the patients we spoke with mentioned this as a problem. Staff told us that patients had raised this as an issue with them in the past; however no action had been taken. The practice provided no evidence that they planned to address this.

Patients were generally satisfied with the appointments system. Children under five were always given a same day appointment, irrespective of what their condition was. Urgent appointments were available to other patients if required. Patients could choose which GP they saw and were offered a male/ female GP. Comments received from patients showed that patients in urgent need of treatment

Are services responsive to people's needs?

(for example, to feedback?)

had often been able to make appointments on the same day of contacting the practice. For example, one patient we spoke with told us how they needed an urgent appointment for their child aged over five and they were told to go straight to the practice.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system. For example details were posted in the waiting room and information was on the website. Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at two complaints received since August 2014 (which was when the practice started monitoring complaints) and found that they had both been handled satisfactorily, dealt with in a timely manner and appropriate responses sent to the complainants. The practice had only recently begun collecting complaints so we were unable to see how they reviewed them periodically or identified trends. However the practice manager explained how they planned to review them and this was in line with what would have been expected.

Are services well-led?

(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 statement of purpose. The mission statement was to be a provider of excellence in patient care. However, we found that the practice did not have processes in place to fulfil some of the aims and focus of their statement of purpose. For example, one of the aims was to provide a clean and safe environment. On the day of the inspection we noted areas of the practice that were being used by patients and staff were visibly dusty and not well maintained. The practice had not carried out infection control audits. The local NHS commissioning support unit had recently carried out an infection control audit for the practice and identified a number of areas that required improvements because they were not up to the required standard. The practice was in the process of implementing the action plan.

Another aim was to continually recruit, retain and develop staff. We saw limited evidence that the practice was supporting non-clinical staff in their professional and personal development.

Staff, including GPs and reception staff were not aware of the practice vision or values. The practice did not appear to have adequate plans in place for the future of the service. We spoke with the senior partner and they told us that there were no firm plans in place, although they did state that the financial viability of the practice needed improving. The other partner told us that they had undertaken future planning for when the senior partner retires.

The practice had been without a practice manager for a number of years. All the GPs we spoke with and staff acknowledged that since the new practice manager had started, a lot of work had been done to improve things.

Governance arrangements

There were no specific clinical governance leads, however one of the GPs was the safeguarding lead and the senior partner was the administrative lead. The senior partner told us that some of the GPs had clinical interests including family planning, oncology and diabetes.

Staff were aware of the lines of accountability but some staff told us that they did not feel as though they were fully supported. For example, although staff had assigned colleagues responsible for providing support, they found that support was sometimes more forthcoming from other colleagues and they relied on them more than their assigned colleague.

There was a lack of arrangements for identifying, managing and mitigating risks. Non-clinical staff had clinician level access to the computer system which meant they had the highest level of access to patients and other confidential information. Non clinical staff could view patients medical records, make changes to prescriptions and generate new items. The practice did not have a risk assessment in place to assess the risks to patients of non-clinical staff having this level of access and carrying on these duties. In addition the practice did not have records of carrying out fire risk assessments, building risk assessments or conducting fire drills.

We saw that since the new practice manager started, processes had been put in place to improve governance arrangements. For example, processes were in place (but not completed) for all staff to have job descriptions and written contracts, and regular practice meetings were now being held to stabilise governance arrangements.

Leadership, openness and transparency

We found a lack of effective clinical leadership and absence of a clear vision and strategic direction. For example the senior partner did not know if the practice had a written business continuity plan, and directed us to the practice manager.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies, for example, induction policy and management of sickness policy which were in place to support staff. Staff we spoke with told us that previously support was not good however since the new practice manager had started things had improved greatly.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had only recently put processes in place to obtain feedback from patients. Since the new practice manager arrived they had set up an online survey for patients. However this had only just begun, it was therefore too early to know any outcomes because the data had not been analysed. The practice did not have an operational

Are services well-led?

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

Patient Participation Group (PPG) although the practice manager was in the process of getting one up and running. None of the patients we spoke with had been asked to provide feedback about the service.

There were no processes in place to routinely gather information from staff. The practice manager had recently implemented reception meetings. These meetings were for reception staff to discuss issues and be updated however there was no clear evidence of how these meetings fed into developing the practice.

Management lead through learning and improvement

We did not find any evidence that learning and development was actively promoted. All of the GPs had annual appraisals and were up to date; however appraisals for non-clinical staff had not been completed for a number of years. Staff we spoke with told us they did not feel they had access to development opportunities. We reviewed training records and saw that non-clinical staff had only received mandatory training.

The practice had completed reviews of significant events however they were only shared with clinical staff at the monthly practice meetings. There had been two significant events recorded in the past twelve months. The practice maintained a log of complaints. We reviewed the complaints and saw that they were investigated and responded to in a timely manner.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse **Regulation 11 (1) (a)** **Safeguarding people who use services from abuse** **The provider failed to ensure that they had taken reasonable steps to identify the possibility of abuse and prevent it before it occurs because staff undertaking chaperoning did not have disclosure and barring services checks carried out to confirm their suitability for the role.**

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services **Regulation 9 HSCA (Regulated Activities) Regulation 2010 Care and Welfare of service users** **There was lack of arrangements for dealing with foreseeable emergencies because they did not have supply of medical oxygen or a defibrillator and there was no risk assessment in place to justify the absence of the AED**

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision **The provider is failing to protect service users, and others who may be at risk, against the risks of inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to regularly assess and monitor the quality of the services, assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk from the carrying on of the regulated activity. Regulation 10 (1)(a)(b)**