The Acorn Surgery

Quality Report

136 Meeting House Lane, Peckham, London SE15 2UA.
Tel: 020 7635 2055
Website: www.acorn-gaumont.nhs.uk

Date of inspection visit: 16 April 2015
Date of publication: 25/06/2015

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

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Acorn Surgery on 16 April 2015.

We found the practice to be good for providing caring, responsive and well led services. We found the practice required improvement for providing safe and effective services. It was also good for providing services for all of the population groups we report on: older people, people with long term conditions, families, children and young people; the working age people including those recently retired and students, people in vulnerable circumstances and people experiencing poor mental health. We also found the practice to be outstanding for providing services for the population group of older people.

Our key inspection findings were as follows:

- There were systems in place for reporting, recording and monitoring significant events to help provide improved care. Risk assessments were completed when identified, such as no current full time practice manager.
- The practice was working with an external consultant to support the assistant practice manager. A number risks assessments were identified but had not all been addressed.
- Staff were clear of their roles in regards to monitoring and reporting of incidents, safeguarding vulnerable people and children, and following infection prevention and control guidelines.
- Staff shared best practice through internal arrangements and meetings and also by sharing knowledge and expertise with external consultants and other GP practices.
- There was a strong multidisciplinary input in the service delivery to improve patient outcomes.

Summary of findings

- Feedback from patients about their care and treatment was positive.
- The practice was responsive to the needs of vulnerable patients and there was a strong focus on caring and on the provision of patient-centred care.
- The practice provided patients with information on health promotion and ill health prevention services available in the practice and the local community.
- The practice had a clear vision and strategic direction which was to improve the health, well-being and lives of those that they care for at the practice. Staff were suitably supported and patient care and safety was a high priority.

We saw several areas of outstanding practice including:

- The practice was engaged with a very active Patient Participation Group (PPG) For example the practice and PPG members had responded to concerns raised in the practice about the waiting time for appointments and were working together to develop a "did not attend" policy, had taken part in surveys, organised their own PPG survey in 2014, and were in the process of fundraising for equipment. The practice and PPG members worked together and had a strong relationship with the emphasis on providing, promoting and supporting services for the practice patients. The practice and PPG members also together initiated a healthy lifestyle promotion and weight management programme, supported and facilitated by the practice with clinical overview by a lead GP and practice nurse before any uptake of the programme was started.
- The practice had implemented initiatives developed within the local Southwark community to support and improve the lives of patients living with dementia and their carers such as offering all carers annual health checks. The practice was also participating in local area meetings focused on various services for example the Southwark community based dementia pilot. The practice was then able to provide additional support and resources for people with dementia, their Carers and Families, promoting independence and choice. Resources available to neighbourhood practice patients included therapies such as massage, walking groups, silver surfing (IT training), benefits advice, E-learning, self-management courses).
- The practice also participates with local initiatives and provided access to additional resources that included Reminiscence Arts (life story book free from), Scrap-Books – digital life story work, pets as therapy either as owners or visiting services and musical theatre and Singing for the Brain.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure the availability of oxygen for use in the event of medical emergencies. Current resuscitation guidelines emphasise the use of oxygen, and this should be available whenever possible.
- 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.

In addition the provider should:

- Complete annual reviews of significant events and complaints and share learning across all practice staff.
- Carry out risk assessments to protect staff and patients.
- Develop and implement a chaperone policy to support staff.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

The practice is rated as requires improvement for providing safe services as there are areas where it should make improvements. There were systems and processes in place for the management of incidents and significant events, and staff we spoke with understood their responsibilities to raise concerns and report incidents. There was a culture of reporting, sharing and learning from incidents within the organisation.

We found that suitable arrangements were mostly in place for medicines management, infection control, staff recruitment, and dealing with medical emergencies. There were systems and processes in place, and staff we spoke with understood their responsibilities. Staff followed suitable infection control practices. Vaccines and medicines were stored suitably and securely, and checked regularly to ensure they were within their expiry dates and within the correct temperature range. Information sharing and updates took place with all staff at regularly planned meetings.

The practice did not have medical oxygen or an Automated External Defibrillator (AED) for use in the event of medical emergencies.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were generally good for the locality. The practice had implemented some effective health promotion and preventative care to address the lower than expected uptake of general health checks in relation to diabetes, coronary heart disease and hypertension.

The practice worked with other health and social care services, and information was shared with relevant stakeholders such as the Clinical Commissioning Group (CCG) and NHS England. There were suitable systems in place for the assessment of patient needs, and care and treatment was delivered in line with current legislation and best practice. Clinical staff kept up to date with best practice and guidelines. Regular updates and referencing from National Institute for Health and Care Excellence (NICE) guidelines were used to support clinical practice and patient care.

Audits were completed on various aspects of the service and were undertaken at regular intervals and changes were implemented to help improve the service. Staff were supported in their work and professional development. Vaccinations, health checks and blood testing were available within the practice. The practice also offered nurse led clinics for health checks, diabetes and asthma checks.

Summary of findings

Are services caring?

Good

The practice is rated as good for providing caring services. The patients and carers we spoke with were complimentary of the care and service that staff provided and told us they were treated with dignity and respect. They felt cared for, were well informed and involved in decisions about their care. In our observations on the day we found that staff treated patients with empathy, dignity and respect.

Patients we spoke with told us the practice offered high standard services. Staff told us that they treated patients with kindness and respect ensuring confidentiality was maintained at all times.

There were systems in place to effectively manage all vulnerable patients and patients that had an agreed care plan for any long term condition. The practice also had facilities for patients to access non NHS services including private medical assessments and travel vaccinations.

The practice was engaged with a very active Patient Participation Group (PPG) who had worked in conjunction to concerns raised within the practice to formulate a did not attend policy, had taken part in surveys, and had organised a PPG survey in 2014, and were in the process of fundraising to purchase equipment for the practice. PPG members also supported/ran a healthy lifestyle promotion and weight management programme, facilitated by the practice with clinical overview by a lead GP and practice nurse before any uptake of the programme was started.

National data showed that patients' feedback seen from the national GP survey 2014 was mostly similar to expected. The practice feedback from patients in relation to their care and treatment was mostly positive. Eighty seven per cent of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern compared to the national average of 85%.

Are services responsive to people's needs?

Good

Patients' needs were suitably assessed and met. There was good access to the service with pre bookable appointments and urgent appointments available on the same day. The building was clean, spacious, well lit and ventilated, with good access for all people. The practice was open Monday to Friday from 8:00 am to 6:30 pm and closed at weekends. In addition, the practice offered extended opening hours from 6.30pm till 8:00 pm every Tuesday and Thursday.

The practice offered on line appointments, electronic prescribing and patients were able to access GP led telephone consultations when the practice was not open.

Summary of findings

The practice was operating pre bookable appointments system every day for all patients, with walk in appointments for specialised clinics including drug and alcohol misuse. Patient comments and suggestions could be completed within the practice. There was a Patient Participation Group (PPG). The practice had systems in place to learn from patients' experiences, concerns and complaints to improve the quality of care. The treatment and consulting rooms, reception area and the patient toilets were all wheelchair accessible. Information leaflets were available to patients within the waiting area. The practice leaflet contained useful and easy read information for patients about the location, staff and services on offer, including who to contact out-of-hours or in an emergency.

Are services well-led?

Good

The practice was well-led and had a clear vision and strategy to provide high quality, effective, treatment and advice in safe surroundings and to make the patient`s visit as comfortable and productive as possible. The culture within the practice was one of openness, transparency and of learning and improvement. There was a leadership structure and staff felt supported by management. Risks to the effective delivery of the service were assessed and there were suitable business continuity plans in place.

Staff were well supported, and felt able to raise concerns. Meetings were undertaken regularly, and staff received suitable training and appraisals. Staff were clear about their role and responsibility and knew who to report concerns or issues to. Staff told us that they felt supported to carry out their role and were encouraged to take part in development and training, and to contribute to meetings and discussions.

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

Good

The practice is rated as good for the care of older people.

The practice was responsive to the needs of older people including those with dementia. People could access a variety of therapies through

Older people were cared for with dignity and respect and there was evidence of working with other health and social care providers to provide safe care. Support was available in terms of home visits and rapid access appointments for terminally ill and housebound patients.

The lead GP completed planned weekly and monthly meetings with other health care providers such as health visitors, palliative care nurses and district nurses to discuss registered patients requiring care and treatment and any other patients that were of concern. All patients 65 years of age and over were specifically being cared for by a named GP and could access urgent daily appointments as required. Older people were given the option of home visits, double appointments and telephone contact to a GP of their choice.

The practice also provided Integrated Care Pathway (ICP) where there was a register of elderly patients at risk and care managed through Health Holistic Assessment (HHA). 93% of these patients had received care management at home or surgery in the last year. The ICP was a local initiative that the practice had worked with other partners from the Southwark Clinical Commissioning Group (CCG) to achieve.

Patients in this group were provided with early identification and access to influenza vaccine appointments including follow ups for patients that did not attend the practice. The practice offered an electronic prescribing service which could be requested once registered with the practice.

Bereavement and counselling support services were available through the practice GPs, with referral to NHS services as required.

The practice was also participating in local area initiatives focused on various services for example the Southwark community based dementia pilot. This project provided additional support and resources patients, their carers and families could access to promote independence and choice. Resources available included therapies such as massage, eco-therapy which is a walking group, silver surfing (IT training), benefits advice, e- learning, self-management courses (dealing with feelings and emotions).

Summary of findings

The practice also participates with local initiatives and provided access to additional resources that included Reminiscence Arts (life story book), Scrap-Books – digital life story work, pets as therapy either as owners or visiting services and musical theatre and Singing for the Brain.

People with long term conditions

Good

The practice is rated as good for the care of patients with long term conditions (LTCs).

The care of patients with conditions such as cardiovascular diseases, diabetes mellitus, asthma, hypertension and chronic obstructive pulmonary disease (COPD) was based on national guidance and clinical staff had the knowledge and skills to respond to their needs. The care and medicines of patients in this group were reviewed regularly and staff worked with other health and care professionals to ensure a multi-disciplinary approach for patients with complex needs. This included providing chronic disease clinics and completing regular reviews including specialised ones such as diabetes and respiratory virtual clinics.

For example, the practice completed regular monitoring and risk assessments of patients within this group taking asthma and COPD medicines. Patients identified with asthma had regular reviews and their plans of care were updated accordingly in discussion and agreement with them. These patients were provided with education and information during consultations to avoid unplanned hospital admissions. Patients were also sign posted to other specialist services. Patients with long term conditions (LTCs) were monitored following hospital stays.

Patients with long term medication needs were registered and monitored to ensure blood tests and prescriptions were being managed routinely and in line with guidance, patients' needs and their agreed care plans.

The GPs were engaged with stakeholders working jointly to provide end of life care for patients where required.

Families, children and young people

Good

The practice is rated as good for the population group of families, children and young people.

There were suitable safeguarding policies and procedures in place, and staff we spoke with were aware of how to report any concerns they had. Staff had received training on child protection which included level three for GPs and nurses. There was evidence of joint

Summary of findings

working with other professionals including midwives, and health visitors to provide good antenatal and postnatal care. The practice offered ante-natal checks with a midwife and post-natal and baby clinics with a health visitor twice a week.

Patients in this population group that required an urgent appointment were seen in addition to booked appointments. The practice policy was to prioritise all patients who were under the age of 16 who attended the practice. Child immunisations were provided in line with national guidelines with any non-attendance being followed up by the GPs or nurse. Immunisations were offered and only given with consent of parents which was recorded on the patient's record.

The practice was spacious, well lit and ventilated, clean and accessible with automated doors and good access for all people. All rooms and areas within the practice were clean and spacious and secured. Facilities included toilets, disabled toilets and baby changing facilities were available..

Working age people (including those recently retired and students)

Good

The practice is rated as good for the population group of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and there were appointment options available to patients such as pre bookable appointments, online access for medicines and appointment booking and extended hours for nurse led clinics and appointments. The practice offered health checks, travel vaccinations, phlebotomy, counselling, alcohol and substance misuse and health promotion advice including smoking cessation. The practice also offered telephone consultations during opening times Monday to Friday. The practice nurse was responsible for contraceptive advice and health checks for all patients.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the population group of people whose circumstances may make them vulnerable. People attending the practice were protected from the risk of abuse because reasonable steps had been taken to identify the possibility of abuse. The practice had policies in place relating to the safeguarding of vulnerable adults and children and whistleblowing. Staff we spoke with were aware of their responsibilities in identifying and reporting concerns.

The practice provided a chaperone and advocacy service on request and could provide trained staff to support patients requiring this service. Clinical staff within the practice had a good understanding

of the Mental Capacity Act (MCA), and how it applies, and were able to tell us the actions they would take if they had concerns for patients, relatives or their carers. They worked with other health and social care professionals to ensure multi-disciplinary input in the case management of vulnerable people and their carers. The practice was signed up to the learning disability direct enhanced service (DES) to provide an annual health check for people with a learning disability to help improve their health outcomes, and had completed them for those patients on the practice register.

The practice clinical staff held regular clinical meetings with district nurses to discuss care and treatment for people within this patient group. Meetings with other agencies related to patient well-being such as counsellors, domestic violence, drug and alcohol rehabilitation teams regularly attended to analyse patient needs and arrange appropriate care planning and treatment.

The GPs were able to provide examples which included significant event reviews and actions to maintain care and treatment for vulnerable patients. The practice worked in corroboration with local health care partners and practices. This patient group was able to access care or treatment within the practice and any patient concerns or requests were referred to one of the GP partners for approval. The practice held a register of carers who had actively received additional support by being offered seasonal flu vaccinations in addition to eligible practice patients.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the population group of people experiencing poor mental health (including people with dementia).

The practice was signed up to the dementia local enhanced service (LES) to provide care and support for people with dementia. The services were planned and co-ordinated to ensure that people's needs were suitably assessed and met. Staff had a clear understanding of the Mental Capacity Act (MCA) and how and who to report any concerns to within the practice. Reviews of care records of patients with dementia and mental health issues showed they were receiving regular reviews of their health, there was a multi-disciplinary approach to their care, and they had support from the community mental health teams, on site counselling services. The provider also ensured that patients within this group received regular medicines and care plan reviews. The practice had a dedicated GP to manage personality disorder cases and frequent

Summary of findings

A&E attendance. The practice also provided GP led weekly appointments and meetings for these patients. Practice GP led clinics for patients with drug and alcohol problems could also be accessed twice weekly.	

Summary of findings

What people who use the service say

We spoke with five patients during our inspection and received 16 Care Quality Commission (CQC) comment cards completed by patients who attended the practice during the two weeks prior to our inspection. The five patients we spoke with said they were very happy with the care and treatment they received. They were very complimentary about the caring, approachable and friendly staff and had no complaints about the practice staff or the care being provided. All the comment cards received indicated satisfaction with the GP, the practice and its staff, and all gave praise to the professional and dedicated caring service.

All of the comment cards received indicated that patients were happy with the practice, the environment, the GP and the care and treatment afforded to them. Patients also told us that staff were caring, friendly, that they were treated with respect and dignity, and that staff were informative and listened to their concerns or worries. Patients also informed us that they were given options and choice and were included in any decisions about treatment plans or recommendations.

Two comments seen suggested that getting an appointment was sometimes difficult and that appointments were sometimes later than planned and patients were not informed when this happened. Patients commented generally that the current appointment options were a good way to make services available. Appointments could be booked up to two weeks in advance.

People's responses to the GP national survey 2014 showed the practice was found to be not so favourable in certain aspects of the service. For example, 26% of respondents with a preferred GP usually get to see or speak to that GP compared to the local Clinical Commissioning Group CCG average of 53%. Sixty five per cent of respondents were able to get an appointment to see or speak to someone the last time they tried compared to the local CCG average of 80% and 43% of respondents usually wait 15 minutes or less after their appointment time to be seen compared to the local CCG average of 54%.

Comments made in the GP patient survey 2014 showed the practice compared more favourably with others in the area in some aspects of the service. For example, 87% of respondents say the last GP they saw or spoke to was good at treating them with care and concern compared to the local CCG average of 80%. Eighty three per cent of respondents say the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the local CCG average of 80% and 77% of respondents are satisfied with the surgery's opening hours compared to the Local (CCG) average of 75%.

The practice had an active patient participation group (PPG). We spoke with one member of the group. who in addition to other patients we spoke with, spoke highly of the staff and services being provided, and told us that the practice was kind and caring, respectful and dignified when providing care and treatment and were engaged with its patients. We were also told of the various outstanding work and initiatives that the PPG and surgery had jointly worked towards and achieved.

Areas for improvement

Action the service MUST take to improve

- Ensure the availability of oxygen for use in the event of medical emergencies. Current resuscitation guidelines emphasise the use of oxygen, and this should be available whenever possible.
- 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.

Action the service SHOULD take to improve

- Complete annual reviews of significant events and complaints and share learning across all practice staff.

Summary of findings

- Carry out risk assessments to protect staff and patients.
- Develop and implement a chaperone policy to support staff.

Outstanding practice

- The practice was engaged with a very active Patient Participation Group (PPG) For example the practice and PPG members had responded to concerns raised in the practice about the waiting time for appointments and were working together to develop a "did not attend" policy, had taken part in surveys, organised their own PPG survey in 2014, and were in the process of fundraising for equipment. The practice and PPG members worked together and had a strong relationship with the emphasis on providing, promoting and supporting services for the practice patients. The practice and PPG members also together initiated a healthy lifestyle promotion and weight management programme, supported and facilitated by the practice with clinical overview by a lead GP and practice nurse before any uptake of the programme was started.
- The practice had implemented initiatives developed within the local Southwark community to support and improve the lives of patients living with dementia and their carers such as offering all carers annual health checks. The practice was also participating in local area meetings focused on various services for example the Southwark community based dementia pilot. The practice was then able to provide additional support and resources for people with dementia, their Carers and Families, promoting independence and choice. Resources available to neighbourhood practice patients included therapies such as massage, walking groups, silver surfing (IT training), benefits advice, E-learning, self-management courses).
- The practice also participates with local initiatives and provided access to additional resources that included Reminiscence Arts (life story book free from), Scrap-Books – digital life story work, pets as therapy either as owners or visiting services and musical theatre and Singing for the Brain.

The Acorn Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a CQC lead inspector a GP specialist advisor and a practice manager specialist. The inspection team members were granted the same authority to enter the practice as the CQC lead Inspector.

Background to The Acorn Surgery

The Acorn Surgery is located in Peckham in the London Borough of Southwark in south-east London, and provides NHS GP services to around 11,235 patients. The practice patient list is varied in ages, but patients aged 24 to 54 years of age make up the majority. The practice operates in an area where 22% of its population is under the age of 15, and 38% of the area population are Black/Caribbean/ African/Black-British residents.

The inspection took place over one day and was undertaken by a lead inspector, along with a GP specialist advisor and a practice manager specialist. We looked at care records, spoke with patients, a member of the patient participation group (PPG), and staff including the GP partners and management team.

The practice is contracted by NHS England for personal medical services (PMS) and is registered with the Care Quality Commission (CQC) for the following regulated activities: treatment of disease, disorder or injury, maternity and midwifery services, surgical procedures, family planning, and diagnostic and screening procedures at one location

The practice provides a full range of essential, enhanced and additional services including maternity services, diabetic clinics, child vaccinations and immunisations, family planning, smoking cessation, mental health, contraception services and counselling. The personal medical services (PMS) contract is one kind of contract between general practices and NHS England for delivering primary care services to local communities.

The surgery is open five days a week from 8:00 am to 6:30 pm Monday to Friday and closed at weekends. In addition, the practice offered extended opening hours from 6.30pm till 8:00 pm every Tuesday and Thursday. Out of hours services for the Acorn Surgery is provided in partnership with an external agency when the surgery is closed.

The practice is one of 45 GP practices located within the Southwark clinical commissioning group (CCG) who provide care and services to a diverse population of over 297,041 registered patients within the borough of Southwark.

The practice is spacious, well lit and ventilated, clean and accessible with automated doors and good access for all people. All rooms and areas within the practice were clean and spacious and secure. Facilities such as toilets, accessible toilets and baby changing facilities were also available.

The practice comprises of five consulting rooms, two treatment rooms, a combined reception and waiting area, and staff meeting room, staff kitchen and toilets and rooms for office space and administration purposes. Parking is limited within the immediate area. The practice is located close to various public transport links.

The practice provides bookable appointments up to two weeks in advance each week day including urgent

appointments. The practice prioritises all patients under 16 years of age and those patients above 65 years of age who have urgent care and treatment needs, providing daily emergency appointments and telephone consultations.

There are 27 staff who work within the practice. The staff mix is comprised of four GP partners, three male and one female with two other full time salaried GPs, one male and one female. There are two female nurses, one practice manager, three health care assistant/receptionists, one senior health care assistant, three counsellors, 15 reception/administration staff, and one data administrator.

There were no previous performance issues or concerns about this practice prior to our inspection.

No safeguarding notifications were received for the practice in the past 12 months.

No whistle blowing notifications were received for the practice in the past 12 months.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme and under section 60 of the Health and Social Care Act 2008 and as part of our new comprehensive inspection programme. This provider had not been inspected before and that was why we included them. We also determined which services to inspect through intelligence monitoring, public perception, and engagement and partnership working with the local Clinical Commissioning Group (CCG).

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 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)

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations including NHS England and Southwark Clinical Commissioning Group (CCG) to share information about the service. We carried out an announced visit on 16 April 2015. The inspection took place over one day and was undertaken by a lead inspector, along with a GP advisor. During our visit we spoke with patients and a range of staff which included GPs, practice manager, nurse, and receptionists. We looked at care records, and spoke with one member of the Patient Participation Group (PPG) and the management team. We spoke with five patients who used the service.

We observed staff interactions with visitors and patients in the waiting area. We looked at records including recruitment, health and safety checks, staff training, medicines management, equipment checks, audits, complaints and significant events, patient records, and policy and procedure documents. We reviewed Care Quality Commission (CQC) comment cards where patients and members of the public shared their views and experiences of the service. We received a total of 16 comment cards collected as part of our visit.

Requires improvement

Are services safe?

Our findings

Safe Track Record

The practice had a good track record for maintaining patient safety. The practice manager told us of the arrangements they had for receiving and sharing safety alerts from other organisations such as the Medicines and Healthcare Products Regulatory Authority (MHRA) and NHS England. The practice had a policy and a significant event toolkit to report the incidents and the practice manager showed us the processes around reporting and discussions of incidents. Significant events were reviewed on an individual basis although there was no evidence of an annual review taking place regularly to identify trends. Staff we spoke with were aware of their responsibilities to report any identified concerns and issues appropriately.

Learning and improvement from safety incidents

The practice had an effective system in place for reporting, recording and monitoring incidents and significant events. There was evidence of learning and actions taken to prevent similar incidents happening in the future. For example, following an incident involving a patient's medicines box that had not been delivered by the nominated pharmacy, the patient complained to the pharmacy and was told that the pharmacy delivery driver was ill. This resulted in the patient being deprived of their medication for two weeks. The practice once aware made contact with the patient apologised and made alternative arrangements for the patient to receive their medicines. The practice also contacted the arranging pharmacy to discuss their concerns, and the impact on patient care. The practice made alternative arrangements with an alternative pharmacy in the area and escalated their concerns of the original pharmacy to NHS England.

We reviewed a sample of the 18 incidents that had been reported since April 2014. Records showed evidence of practice management, outcomes, discussion and improvements. The records indicated that clinical staff and management were involved with discussions and outcomes, although there was no evidence of practice wide learning being shared with all non-clinical practice staff.

Reliable safety systems and processes including safeguarding

The practice had policies in place relating to the safeguarding of vulnerable adults, child protection and whistleblowing. One of the partners was the designated lead for safeguarding. Staff we spoke with were aware of their duty to report any potential abuse or neglect issues.

All staff that worked at the practice had completed adult safeguarding training. Clinical staff including the GPs and the nurse had completed level 3 child protection training; the health care assistant staff had completed level 2 child protection. Reception staff had received level 1 child protection training. Clinical staff had received a criminal records check (through the Disclosure and Barring Service).

The contact details of the local area's child protection and adults safeguarding departments were accessible to staff if they needed to contact someone to share their concerns about children or adults at risk. The practice provided a chaperone service, which we were told was provided by trained clinical staff. The practice was unable to provide us with a chaperone policy.

Medicines Management

The practice had procedures in place to support the safe management of medicines. Medicines and vaccines were safely stored, suitably recorded and disposed of in accordance with recommended guidelines. We checked the emergency medicines kit and found that all medicines were in date. Vaccines and medicines were stored suitably and securely, and checked regularly to ensure they were within their expiry dates.

The vaccines were stored in suitable fridges at the practice and the practice maintained a log of temperature checks on the fridge. Records showed all recorded temperatures were within the correct range and all vaccines were within their expiry date. Staff were aware of protocols to follow if the fridge temperature was not maintained suitably. No Controlled Drugs were kept in the practice.

GPs followed national guidelines and accepted protocols for repeat prescribing. All prescriptions were reviewed and signed by GPs. Medication reviews were undertaken regularly and GPs ensured appropriate checks had been made before prescribing medicine with potentially serious side effects. Prescription pads and blank prescription forms for use in printers were secured appropriately.

Cleanliness and Infection Control

Requires improvement

Are services safe?

Effective systems were in place to reduce the risk and spread of infection. There was a designated infection prevention and control (IPC) lead. Staff had received IPC training and were aware of IPC guidelines. Staff told us they had access to appropriate personal protective equipment (PPE), such as gloves and aprons.

There was a cleaning schedule in place to ensure each area of the practice and equipment was cleaned on a regular basis. The waiting area, chairs, reception desk and all communal areas we saw were clean and in good repair. Hand washing sinks, hand cleaning gel and paper towels were available in the consultation and treatment rooms. Equipment such as blood pressure monitors, examination couches and weighing scales were clean. Cleaning checks were undertaken regularly. Annual IPC audits were conducted in the practice, and the latest audit had been completed in October 2014.

Clinical waste was collected by an external company and consignment notes were available to demonstrate this. Waste including sharps were disposed of appropriately.

Equipment

There were appropriate arrangements in place to ensure equipment was properly calibrated. These included annual checks of equipment such as portable appliance testing (PAT) and calibrations, where applicable. These tests had been undertaken within the last year and were due for their annual check to be completed in May 2015. The equipment was clean and well maintained.

Staffing and Recruitment

A staff recruitment policy was available and the practice was aware of statutory recruitment requirements including obtaining proof of identity, proof of address, references and undertaking criminal records checks, through the Disqualification and Barring Service, (DBS) before employing staff. We looked at a sample of staff files and found evidence of appropriate checks having been undertaken as part of the recruitment process. The practice also ensured that all non-clinical staff had been checked through the DBS service.

Rotas showed staffing levels were maintained, planned in advance and procedures were in place to manage planned and unexpected absences.

Monitoring Safety and Responding to Risk

The practice manager explained the systems that were in place to ensure the safety and welfare of staff and the people using the service. Risk assessments of the premises including trips and falls, Control of Substances Hazardous to Health (COSHH), security, and fire had been undertaken. The fire alarms were tested weekly. Regular maintenance of equipment was undertaken and records showing annual testing of equipment and calibration were available. The reception area could only be accessed via lockable doors to ensure security of patient documents and the computers.

Arrangements to Deal with Emergencies and Major Incidents

There were some arrangements in place to deal with on-site medical emergencies. All staff received regular training in basic life support. The practice held a stock of emergency medicines and equipment such as masks, nebulisers, and a pulse oximeter were available and these were checked regularly. The practice did not have emergency medical oxygen or an Automated External Defibrillator (AED). Current resuscitation guidelines emphasise the use of oxygen, and this should be available whenever possible.

A business continuity plan was available and the practice manager told us of the contingency steps they could take if there was any disruption to the premises' computer system, central heating, and telephone lines. They told us of the arrangements they had with other neighbouring GP practices to ensure patient care could be undertaken with minimal disruption in the event of such incidents.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs reviewed published guidelines, such as those from the National Institute for Health and Care Excellence (NICE), and if considered relevant they were discussed in practice clinical meetings and by e-mails. Clinical staff demonstrated how they accessed NICE guidelines and used them in practice. There was evidence of a good working relationship among the staff team to ensure information was cascaded suitably and adopted accordingly, for example by evidence of practice meetings and minutes we saw that took place with all staff members.

There was evidence that staff shared best practice via internal arrangements, IT systems and meetings.

As part of the unplanned admissions Direct Enhanced Service (DES) within the practice's service contract, care plans had been put in place for patients who were at risk of unplanned admissions to hospital.

The practice data showed patient outcomes were generally good for the locality. However there were areas where improvements could be made to health promotion and care. For example uptake of general health checks was lower than expected especially in relation to diabetes, coronary heart disease and hypertension and was an area identified and acknowledged for improvement by the practice which they were taking action to address. For example the percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol (a test to control diabetes mellitus) or less in the preceding 12 months was 61% compared to the national average of 78%

Management, monitoring and improving outcomes for people

The practice had systems in place to monitor and manage outcomes to help provide improved care. GPs and the practice manager were actively involved in ensuring important aspects of care delivery such as significant incidents recording, child protection alerts management, referrals and medicines management were being undertaken suitably. Completed audit cycles were seen. For example, an audit for the prescribing of Inhaled Corticosteroid (ICS) in adult patients suffering from Asthma and Chronic Obstructive Pulmonary Disease (COPD) had been undertaken by the practice to monitor their compliance with current guidance during October 2013. Second cycles of this audit were then repeated in April 2014. The results of the audit highlighted actions the practice needed to take which was to set-up case management reviews and recall of patients on high-dose ICS. The practice then recalls these patients for a medicines review mainly by pre-booking appointments.

There was a culture of learning and auditing and a number of clinical audits had been completed for example on high risk factors associated with the use of diclofenac (a nonsteroidal anti-inflammatory drug (NSAID) to reduce inflammation and as an analgesic reducing pain). The audits documented the clear actions taken by the practice during 2014 and 2015.

Regular multi-disciplinary clinical meetings took place to ensure learning and to share information. There was evidence from review of records that patients with dementia, learning disabilities and those with mental health disorders received suitable care with an annual review of their health and care plan.

Medicines and repeat prescriptions were issued based on nationally accepted guidelines. In our discussions with clinicians we reviewed a number of patient records and found that prescriptions matched the patients' current diagnoses and the repeat prescriptions had been reviewed when altering or adding medicines. Appropriate clinical monitoring such as regular blood tests had been undertaken in all four patients whose records we reviewed, and that were on high risk medicines, such as warfarin.

Effective staffing

All new staff were provided with an induction and we saw an induction checklist that ensured new staff were introduced to relevant procedures and policies. The practice had identified key training including infection control, safeguarding of vulnerable adults, child protection and basic life support to be completed by staff. Staff we spoke with confirmed they had received the required training and were aware of their responsibilities and to maintain these skills.

There was evidence of appraisals and performance reviews of staff being undertaken. There were appraisal processes for all GPs and one of them had completed their appraisal in February 2015, and was due for revalidation in 2019. Other GPs had completed appraisals in January and March 2015. Revalidation was also scheduled for completion for

Good

Are services effective?

(for example, treatment is effective)

other GPs in 2020. All GPs were up to date with their yearly continuing professional development requirements and all either have been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment 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).

Staff we spoke with told us they were clear about their roles, had access to the practice policies and procedures, and were supported to attend training courses appropriate to the work they performed. Staff were encouraged to develop within their role and the practice shared with us evidence that training and courses had been completed. The practice assistant manager showed us evidence of staff having completed training, and ensured that all update courses were attended.

Working with colleagues and other services

The practice worked with other providers and health and social care professionals to provide effective care for people. There was evidence of close working relationships with local hospitals in the area. Such as Kings College Hospital and Guys and St Thomas' NHS Foundation trusts.

The practice had regular six weekly multi-disciplinary team meetings with other professionals including palliative care nurses, community matrons, health visitors, counsellors and district nurses to ensure people with complex illnesses, long term conditions, housebound and vulnerable patients received co-ordinated care. We saw that blood test results, hospital discharge letters, repeat prescription requests and communications from other providers including out of hours provider were acted on promptly.

Information Sharing

Regular meetings were held in the practice to ensure information about key issues was shared with relevant staff. The practice was actively involved in work with peers, other healthcare providers and the local Clinical Commissioning Group (CCG). We were told that the practice was very open to sharing and learning and engaged openly on pathways and multi-disciplinary team meetings.

The practice website provided information for patients including the services available at the practice, health alerts and latest news. Information leaflets and posters about local services were available in the waiting area.

Consent to care and treatment

All GPs and nurses we spoke with were aware of the requirements of the Mental Capacity Act 2005, the Children Acts 1989 and 2004, and their responsibilities with regards to obtaining and recording consent. All clinical staff demonstrated a clear understanding of Gillick competencies. (These are used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions). Staff told us that consent was recorded on patient notes and if there were any issues they were discussed with a carer or parent. We reviewed examples of care of patients with learning disabilities and dementia and noted that standard guidelines had been used to obtain and record consent and decisions had been taken in the best interests of patients. The practice non-clinical staff were not completely aware of their responsibilities and understanding of the Mental Capacity Act and Deprivation Of Liberty rights for patients and the management of those patients.

Health Promotion & Prevention

Patients who attended the practice were provided with appropriate information and support regarding their care and treatment. Healthcare leaflets were available for patients, and posters with healthcare information were displayed in the waiting area and consultation rooms. The practice's website provided information ranging from the various services, clinic times, making appointments, Patient Participation Group (PPG) meeting minutes, and newsletters to the various activities being undertaken by the practice.

There was a range of information available to patients on the practice website and in the waiting areas which included leaflets and posters providing information on the various services, flu vaccinations and smoking cessation. Data showed 94% of patients with a status recorded as smoker had been offered advice about smoking cessation. The GPs told us they could refer patients with obesity and eating disorders to support from specialist community teams.

Practice data also showed that 76% of patients with hypertension (high blood pressure) in whom the last blood pressure reading measured in the preceding nine months was 150/90mmHg or less compared to the national average of 83%.

Good

Are services effective?

(for example, treatment is effective)

Data available to us showed that the practice was achieving about 90% coverage compared to the local Clinical Commissioning Group (CCG) average of 84% for the DTaP / Polio / Hib Immunisation (Diphtheria, Tetanus, a cellular pertussis (whooping cough), poliomyelitis and Haemophilus influenza type b), Meningitis C and MMR vaccination for children. All new patients registering with the practice were offered a health check which was undertaken by the practice nurse.

Good

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

The 2014/15 GP survey results (latest results published in January 2015) showed that 20% of respondents said they usually got to see or speak with their preferred GP compared to the national average of 37%. Eighty seven per cent of respondents said the last nurse they saw or spoke to was good at explaining tests and treatments compared to the national average of 85%. And 84% of respondents say the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the national average of 85%.

We spoke with five patients on the day of our visit. They stated that the GPs were caring, and that they were treated with dignity and respect. Patients were requested to complete CQC comment cards to provide us with feedback on the practice. We received 16 completed cards. All the comment cards we received had very positive comments about the staff and the care people had received. People told us they were very happy with the medical care and treatment at the practice. All patients we spoke with on the day of our visit were happy and satisfied with the care they were receiving from the practice. They stated that the GPs were caring and listened to them and they felt involved in decisions relating to their care and treatment.

The practice telephones were located and managed at the reception desk. The practice staff told us they could take calls at the back of the reception area to ensure privacy if required. The reception desk was adequately contained within a joint waiting area which was a large space with adequate distance from the seating area to ensure conversations could not be overheard. A notice setting out chaperoning arrangements was displayed outside the treatment rooms. GP and nurse consultations were undertaken in consulting rooms, which ensured privacy for patients. Staff we spoke with were aware of the need to be respectful of patients' rights to privacy and dignity.

We observed staff interactions with patients in the waiting area and at the reception desk and noted that staff ensured patients' respect and dignity at all times. All consultations and treatments were carried out in the privacy of a consulting room and we noted that disposable curtains were provided so that patients' privacy and dignity was maintained during examinations. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Care planning and involvement in decisions about care and treatment

In the 2014 Patient Participation Group (PPG) patient survey, 87% of the respondents gave a score of 4 or 5 (on a scale of 1-5, where 5 was agree; 1 disagree) in response to the question 'the GP was good or very good at treating them with care and concern' compared to the national average of 85%. Seventy four per cent of the respondents gave a score of 3 or 4 in response to the question 'The doctors involve me in decisions about my care' compared to the national average of 82% and 74% of the respondents gave a score of 4 or 5 in response to the question 'Generally, how easy is it to get through to someone at your GP surgery on the phone?' compared to the national average of 75%.

Staff told us that translation services were available for patients who did not speak English as a first language.

The practice was engaged with a very active Patient Participation Group (PPG) who had worked in conjunction to concerns raised within the practice to formulate a did not attend policy, had taken part in surveys, and had organised a PPG survey in 2014, and were in the process of fundraising to purchase equipment for the practice. The practice and PPG members jointly initiated a healthy lifestyle promotion and weight management programme, facilitated by the practice with clinical overview by a lead GP and practice nurse before any uptake of the programme was started. One of the PPG members also attended as an elected representative at the engagement and patient experience committee (EPEC) who report on local commissioning and directly to the Southwark Clinical Commissioning Group (CCG).

Patient/carer support to cope emotionally with care and treatment

The practice website offered patients information as to what to do in time of bereavement. The practice offered counselling services to patients during weekly sessions with a counsellor. The practice also provided everyday

Good

Are services caring?

access to GP lead alcohol and drug misuse drop in sessions for practice patients. They also told us that where relevant they could signpost people to support and counselling facilities in the community following bereavement.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the service was responsive to people's needs and the practice had systems in place to maintain the level of service provided. The practice held information about those who needed extra care and resources such as those who were housebound, people with dementia and other vulnerable patients. This information was utilised in the care and services being offered to patients with long term needs. We reviewed a sample of patient records and found that people with long term conditions such as diabetes, and those with learning disabilities, dementia and mental health disorders received regular medicines review and also an annual review of their care.

The practice was strongly engaged with their Patient Participation Group (PPG) and feedback from patients was obtained proactively and the service acted accordingly to improve care delivery. There were regular meetings attended by the practice manager and the GP partners. Patient surveys to obtain feedback on different aspects of care delivery were undertaken annually.

The practice had six weekly multi-disciplinary meetings with external professionals to discuss the care of patients including those receiving end-of-life care, new cancer diagnoses and also safeguarding issues, significant events, unplanned admissions and A&E attendances.

The practice used risk profiling which helped clinicians detect and prevent unwanted outcomes for patients. The work associated with the delivery of various aspects of the Direct Enhanced Services (DES) undertaken was suitably and monitored. For example, under the unplanned admissions DES, people had been risk profiled and care plans put in place for those identified as at high risk of unplanned hospital admission.

Tackling inequity and promoting equality

There were arrangements to meet the needs of the people for whom English was not the first language. Staff told us they could arrange for interpreters and could use telephone and online resources to help with language interpretation.

The practice demonstrated an awareness and responsiveness to the needs of those whose circumstances made them vulnerable. Facilities for disabled people included an induction loop on the reception desk for patients with hearing disability, a lower reception desk for people in wheelchairs and a disabled toilet. Baby changing facilities were also available.

We were told by the GP partners that longer appointments could be scheduled for all patients, for example those with learning disabilities. Review of care of people with care plans showed that they were receiving suitable care and had received an annual review within the last year.

There was an open policy for treating everyone as equals and there were no restrictions in registering. Homeless travellers were registered and seen without any discrimination.

Access to the service

The surgery had clear, obstacle free access. There was a door bell for people to ring if they required assistance with the manually operated doors. Doorways and hallways were wide enough to accommodate wheelchairs of all sizes. The waiting area was spacious and had suitable seating. The practice was open five days a week Monday to Friday from 8:00 am to 6:30 pm. In addition, the practice offered extended opening hours from 6:30 pm to 8:00 pm every Tuesday and Thursday.

The practice maintained a user-friendly website with information available for patients including the services provided, home visits, health promotion, obtaining test results, how to join the Patient Participation Group (PPG), PPG minutes, out of hours contact information, booking appointments and ordering repeat prescriptions. There were in excess of 45 information leaflets providing meaningful and relevant information on various conditions, health promotion, support organisations and alternative care providers. Appointments could be booked up to two weeks in advance by phone, on line and in person.

We found evidence that the practice responded to feedback from patients as was evidenced by the changes made to staffing levels at peak times. The practice devised a new rota so that more staff were available with the aim of improving telephone access which appears to have improved access for making and cancelling appointments. The practice manager showed us the analysis of the last patient survey which was considered in conjunction with the PPG. The results and actions agreed from these surveys are available on the practice website.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Almost all of the patients we spoke with were happy with the appointments system currently in place. They said appointments were easy to get and were available at a time that suited them. We were told that sometimes appointments were difficult to arrange and that appointments sometimes run late and this was frustrating as patients were not informed.

Staff told us that for urgent needs patients could be seen by a doctor on the same day. They told us that all babies, children and young people, the elderly and vulnerable were given priority and were seen the same day by a GP. The practice had an open door policy and welcomed all patients and visitors.

Information about the practice and out of hours contacts was available via the answer phone and the practice's website, providing the telephone number people should ring if they required medical assistance outside of the practice's opening hours.

Listening and learning from concerns & complaints

The practice had effective arrangements in place for handling complaints and concerns. The practice had a complaints handling procedure and the assistant practice manager was the designated staff member who managed the complaints.

The practice also had a system in place for analysing and learning from complaints received. The practice reviewed complaints on an individual basis. The practice were unable to provide evidence of any annual reviews of complaints being completed to detect any emerging themes.

We reviewed a sample of 18 complaints in the period May 2014 to March 2015 and found that actions were taken and learning implemented following the complaints. This helped ensure improvements in the delivery of care. For example, in one case where a complaint had been raised with the practice due to a repeat prescription request being denied and the matter being discussed inappropriately within the patient waiting area and in front of other patients. The practice were able to provide evidence of the complaint which highlighted, how it was managed, why the prescription was denied, which was due to the potential for over prescribing of a medicine and the practice outcome and learning points. The practice actions were appropriate and acted in the best interests for the wellbeing of its patient and staff. There was evidence of prompt action to respond to the complainant.

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 surgery had a statement of purpose and vision which outlined the practice's aims and objectives which are to provide the highest level of medical care to the population of Peckham; deliver health care in a flexible and innovative way to meet patient choice and to reflect changing political and economic circumstances and aim to achieve this by following national guidelines and national health prevention programs. All the staff we spoke with described the culture as supportive, open and transparent. The receptionists and all staff were encouraged to report issues and patients' concerns to ensure those could be promptly managed. Staff we spoke with demonstrated an awareness of the practice's purpose and were proud of their work and team. Staff felt valued and were signed up to the practice's progress and development.

Governance Arrangements

The practice had good governance arrangements and an effective management structure. Appropriate policies and procedures, including human resources policies were in place, and there was effective monitoring of various aspects of care delivery. We looked at a sample of these policies which were all up to date and accessible to staff.

Staff were aware of lines of accountability and who to report to. The practice had regular weekly and monthly meetings involving GPs, the assistant practice manager, nurse, administrators and receptionists. Meeting minutes showed evidence of good discussions of various issues facing the practice for example: the recent changes made to reception staffing levels at peak times to enable more staff to be available to patients and to answer the telephones.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed it was performing in line with national standards. We saw that QOF data was regularly discussed at monthly team meetings and action plans were produced to maintain or improve outcomes.

There was a culture of learning and auditing and a number of clinical audits had been completed for example on inhaled corticosteroids (ICS) and pregabalin (a medicine for neuropathic pain). The audits documented the clear actions taken by the practice during 2013, 2014 and 2015.

The practice was completing patient surveys and audits, recording and analysing the results to produce action points to improved care and outcomes for patients. The practice offered patients the facility to make comments or suggestions anonymously within the practice and was also seeking comments or suggestions through the "NHS Friends and Family Test" the results of which were unavailable to us at the time of our visit.

The practice had a majority of robust arrangements for identifying, recording and managing risks. The practice manager showed risk assessments had been carried out where risks were identified and action plans had been produced and implemented. Risk assessments when dealing with medical emergencies had not all been completed for example in the use of oxygen.

The practice GP partners were responsible for new developments and discussions within the practice. The GP partners and assistant practice manager would discuss all concerns or changes with staff during team meetings and seek comments and suggestions from the practice team staff before any final decision making was completed.

Leadership, openness and transparency

The practice was led by the GP partners. Discussions with staff and meeting minutes showed team working and good leadership. There was a leadership structure which had named members of staff in lead roles. For example one of the GP partners was the lead for finance and human resources, while another was the lead for prescribing; and another for safeguarding and child protection, the assistant practice manager was responsible for complaints and significant event analysis.

We spoke with five members of staff and they were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns. We saw from minutes that team meetings were held regularly. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings.

Are services well-led?

Good

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

Practice seeks and acts on feedback from users, public and staff

We found the practice to be very involved with their patients, the Patient Participation Group (PPG) and other stakeholders. There was evidence of regular meetings and PPG members' involvement in undertaking patient surveys and practice supported initiatives. For example the practice and PPG members had responded to concerns raised in the practice about the waiting time for appointments and were working together to develop a "did not attend" policy, had taken part in surveys, organised their own PPG survey in 2014, and were in the process of fundraising to purchase equipment for the practice. The practice and PPG members also initiated a healthy lifestyle promotion and weight management programme, supported and facilitated by the practice with clinical overview by a lead GP and practice nurse before any uptake of the programme was started. One of the PPG members also attended as an elected representative at the Engagement and Patient Experience Committee (EPEC) who report on local commissioning and directly to the Southwark Clinical Commissioning Group (CCG).

The practice was engaged with the Southwark Clinical Commissioning Group (CCG), the local GP network and peers. We found the practice open to sharing and learning and engaged openly in multi-disciplinary team meetings. The relationship between the PPG and the practice was very strong with monthly meetings that were attended by practice GPs and the assistant practice manager.

Staff were supported in their professional and personal development. We saw evidence of completed courses relevant to staff members' roles, and other courses that were planned to be completed. One of the practice GPs and the practice assistant manager was responsible for ensuring all staff including GPs were scheduled for courses. For example on the day of our inspection visit update training for adult safeguarding had been arranged for those needing to attend this refresher course. We found that the practice responded to feedback from patients as was evidenced by the changes made to staffing levels at peak times.

Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients. The practice had a whistle blowing policy which was available to all staff.

Management lead through learning & improvement

The practice had systems and processes to ensure all clinical and senior staff learnt from incidents and significant events, patient feedback and complaints and, errors to ensure improvement. The GPs provided peer support to each other and also accessed external support to help improve care delivery. The practice had completed individual reviews of significant events and other incidents and shared with clinical and senior staff via meetings to ensure the practice improved outcomes for patients.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The provider had not ensure there was sufficient equipment to ensure the safety of service users and to meet their needs; Sufficient equipment and/or medical devices that are necessary to meet people's needs should be available at all times and devices should be kept in full working order. They should be available when needed and within a reasonable time without posing a risk. There was no oxygen available for use in a medical emergency. In addition, there was no Automated External Defibrillator available and no risk assessment had been carried out to determine how the practice would respond appropriately in a medical emergency. 12 (2)(a)(b)(f)