

Dr Dutton and Partners, Lawton House surgery

Quality Report

Bromley Road, Congleton,
Cheshire, CW12 1QG

Tel: Tel: 01260 275454

Website: www.lawtonhousesurgery.nhs.uk

Date of inspection visit: 4th December 2014

Date of publication: 19/03/2015

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

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	9
Areas for improvement	9

Detailed findings from this inspection

Our inspection team	10
Background to Dr Dutton and Partners, Lawton House surgery	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12
Action we have told the provider to take	25

Overall summary

Letter from the Chief Inspector of General Practice

This is the report of findings from our inspection of Dr Dutton and Partners. Dr Dutton and Partners is registered with the Care Quality Commission to provide primary care services.

We undertook a planned, comprehensive inspection on 04 December 2014 at the practice location. We reviewed comment cards completed by patients, spoke with patients and staff.

The practice was rated as Good. A caring, effective, responsive and well- led service was provided that met the needs of the population it served. However, improvements were needed to ensure the practice was operating safely.

Our key findings were as follows:

- There were systems in place to protect patients from avoidable harm, such as from the risks associated with medicines and cross infection. However, improvements were needed to the recruitment of staff

as the recruitment records did not demonstrate that all necessary checks were undertaken to demonstrate suitability for their roles. Improvements were also needed to the fire safety systems at the premises because the provider did not ensure that fire safety equipment was properly maintained and suitable for its purpose. We found improvements should be made to the systems for managing prescription pads, emergency medication and equipment.

- Patients care needs were assessed and care and treatment was considered in line with best practice national guidelines. Staff were proactive in promoting good health and referrals were made to other agencies to ensure patients received the treatments they needed.
- Patients were very positive about the care they received from the practice. They commented that they were treated with respect and dignity, staff were caring, supportive and helpful. Patients felt involved in decision making around their care and treatment.

Summary of findings

- The practice planned its services to meet the differing needs of patients. The appointment system in place allowed good access to the service. Improvements were needed to the premises to enable better access for patients with a disability. The GP partners were in the process of applying for funding to extend and improve the facilities to offer better disabled access and provide more room for current and further clinical services. The practice encouraged patients to give their views about the services offered and made changes as a consequence.
- The practice had a clear vision and set of values. The practice had systems to seek and act upon feedback from patients using the service. Quality and performance were monitored, risks were identified and managed.

There were areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Take action to ensure its recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 to ensure the necessary employment checks are in place for all staff.
- Take action to protect patients against the risks associated with unsafe equipment by ensuring that fire safety equipment is properly maintained and suitable for its purpose.

The provider should:

- Ensure the serial numbers of all prescription pads are recorded and improve the systems for checking and recording that emergency medication and equipment are suitable for use.
- Review the policies and procedures available for staff to ensure they have access to the information they require. A complaint policy and procedure should be available for patients to refer to.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services. Staff were aware of procedures for reporting significant events and safeguarding patients from risk of abuse. There were clear processes in place to investigate and act upon any incident and to share learning with staff to mitigate future risk. The staffing numbers and skill mix were reviewed to ensure that patients were safe and their care and treatment needs were met. However, improvements were needed to the recruitment of staff as the recruitment records did not demonstrate that all necessary checks were undertaken to demonstrate suitability for their roles. Improvements were also needed to the fire safety systems at the service to ensure the safety of patients and staff. We found improvements should be made to the systems for managing prescription pads, emergency medication and equipment.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Patients care needs were assessed and care and treatment was considered in line with best practice national guidelines. The practice monitored its performance and had systems in place to improve outcomes for patients. Systems were in place to ensure information was appropriately shared to promote patient welfare. Staff were proactive in promoting good health and referrals were made to other agencies to ensure patients received the treatments they needed. The practice supported patients to manage their health and well-being.

Good



Are services caring?

The practice is rated as good for providing caring services. We looked at five CQC comment cards that patients had completed prior to the inspection and we spoke with five patients. Patients were positive about the care they received from the practice. They commented that they were treated with respect and dignity, staff were caring, supportive and helpful. Patients felt involved in planning and making decisions about their care and treatment. Staff we spoke with were aware of the importance of providing patients with privacy. Patients were provided with support to enable them to cope emotionally with care and treatment.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. The practice planned its services to meet the differing needs of patients. They engaged with the local Clinical Commissioning Group (CCG) to

Good



Summary of findings

identify patient needs and service improvements that needed to be prioritised. The practice worked with other agencies and updated shared information to ensure communication of changes in care and treatment. The practice responded appropriately to complaints made by patients. Patients reported good access to the service. The registered manager told us that access to the service needed to be improved in terms of providing greater space to provide the current clinical services and to extend the range of clinical services available to meet the needs of patients. The practice also needed to improve its disabled access. An application had been made to NHS England for funding to improve and extend the premises which had been declined. At the time of our visit a further application was in the process of being made.

Are services well-led?

The practice is rated as good for providing well led services. There was a clear leadership structure in place. The clinical and administrative staff we spoke with were all clear about their own roles and responsibilities. They all told us that they felt valued and well supported. Quality and performance were monitored, risks were identified and managed. The practice had systems to seek and act upon feedback from patients using the service. A patient reference group (PPG) was in operation and members of the group told us how the practice had been improved following patient feedback.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. The practice was knowledgeable about the number and health needs of older patients using the service. They kept up to date registers of patients' health conditions and information was held to alert staff if a patient was housebound. The practice had a record of carers and used this information to discuss any support needed and to refer carers on to other services if necessary. The practice ensured each person who was over the age of 75 had a named GP. The practice worked with other agencies and health providers to provide support and access specialist help when needed. The practice had identified all patients at risk of unplanned hospital admissions and a care plan had been developed to support them. The practice had a higher than average population of patients 65 years of age and older and a higher than average patient population who were in a nursing home. The practice had responded to this identified need by providing a GP who had two dedicated sessions per week to carry out visits to patients in nursing homes. This provided continuity of care for these patients and meant that reviews of care needs were regularly undertaken and that more immediate patient care needs were met.

Good



People with long term conditions

The practice is rated as good for the population group of people with long term conditions. The practice held information about the prevalence of specific long term conditions within its patient population such as diabetes, chronic obstructive pulmonary disease (COPD), cardio vascular disease and hypertension. This information was reflected in the services provided, for example, reviews of conditions and treatment, screening programmes and vaccination programmes. The practice had a system in place to make sure no patient missed their regular reviews for long term conditions and to follow up unplanned hospital admissions in a timely manner. The practice had a high prevalence of patients with diabetes and the registered manager told us about their proactive response to diabetes management. An audit of patients with pre-diabetes had been undertaken that looked at their risk of other conditions such as heart disease. The audit suggested that the practice were treating a very high percentage of these for cardiovascular risks and action had been taken to provide health advice and ensure continued monitoring with a view to reducing the risk of harm to patients in the future. Clinical staff kept up to date in specialist areas which

Good



Summary of findings

helped them ensure best practice guidance was always being considered. The practice had identified all patients at risk of unplanned hospital admissions and a care plan had been developed to support them.

Families, children and young people

The practice is rated as good for the population group of families, children and young people. Child health surveillance and immunisation clinics were run on a weekly basis. The practice monitored any non-attendance of babies and children at these clinics and worked with the health visiting service to follow up any concerns. Staff were knowledgeable about child protection and a GP took the lead for safeguarding. Staff put alerts onto patients' electronic records when safeguarding concerns were raised. All young people under 16 were offered an appointment on the day.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the population group of working-age people (including those recently retired and students). Patients were able to book appointments in person, on-line or by telephone. The practice was open Monday to Friday from 8.00am until 18.30pm. Patients were able to book on the day for medically urgent appointments, routine appointments could be booked up to 6 weeks in advance, telephone consultations were available and home visits were offered to patients whose condition meant they were unable to visit the practice. Staff told us they would accommodate patients who were working to have early or late appointments wherever possible. Appointments could be booked and repeat prescriptions ordered on line. The practice monitored patient satisfaction with access to the service through patient feedback. Patient feedback indicated patients were satisfied with the range of appointments available.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the population group of people whose circumstances may make them vulnerable. The practice was aware of patients in vulnerable circumstances and ensured they had appropriate access to health care to meet their needs. For example, a register was maintained of patients with a learning disability and annual health care reviews were provided to these patients. Longer appointments were offered to patients with learning disabilities to ensure their needs were adequately assessed. Home visits were made to some patients with a physical and/or disability to carry out health care assessments where this was assessed as being in the patients best interests. A clinic to support patients who were

Good



Summary of findings

withdrawing from illegal substance misuse was held every six weeks. Staff were knowledgeable about safeguarding vulnerable adults. They had access to the practice's policy and procedures and had received training in this.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the population group of people experiencing poor mental health (including people with dementia). GPs worked with other services to review care, implement new care pathways and share care with specialist teams. The practice maintained a register of patients who experienced poor mental health. The register supported clinical staff to offer patients an annual appointment for a health check and a medication review. The practice referred adult and child patients to appropriate services such as psychiatry and counselling services when they were needed. The practice liaised with schools when children or young people were absent due to experiencing poor mental health which provided support to both the young person and parent. The practice had information for patients in the waiting areas and online to signpost them to other services available. For example, mental health support groups, Samaritans and bereavement support services.

Good



Summary of findings

What people who use the service say

We looked at five CQC comment cards that patients had completed prior to the inspection and spoke with five patients. Patients were positive about the care they received from the practice. They commented that they were treated with respect and dignity, staff were caring, supportive and helpful. Patients we spoke with told us they had enough time to discuss things fully with the GPs, treatments were explained and they felt listened to. Patients spoken with were happy with the system for booking appointments and said that they could get an appointment when one was needed.

The National GP Patient Survey 2013/2014 found that 96% of patients who responded to the survey said the last time they saw or spoke to a nurse they were good or very good at treating them with care and concern. Eighty eight percent of patients said that the last time they saw or spoke to their GP, the GP was good or very good at

treating them with care or concern. Ninety four percent of patients described the overall experience of their GP as good or very good. Eighty eight percent were very satisfied or fairly satisfied with opening hours and 86% rated their ability to get through on the telephone easy or very easy.

We looked at the results of the last patient survey carried out by the practice in December 2013 and completed by 415 patients. The results showed 86% of patients felt they were treated with concern by the clinicians, 90% felt respected by them and 89% felt listened to. Eighty-nine percent of patients said they would recommend their practice. The results also showed 65% of patients were happy with the opening hours 61% were happy with telephone access and 67% were happy with the arrangements for appointments.

Areas for improvement

Action the service **MUST** take to improve

- The provider must take action to ensure its recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 to ensure the necessary employment checks are in place for all staff.
- The provider must take action to protect patients against the risks associated with unsafe equipment by ensuring that fire safety equipment is properly maintained and suitable for its purpose.

Action the service **SHOULD** take to improve

Ensure the serial numbers of all prescription pads are recorded and improve the systems for checking and recording that emergency medication and equipment are suitable for use.

Review the policies and procedures available for staff to ensure they have access to the information they require. A complaint policy and procedure should be available for patients to refer to.

Dr Dutton and Partners, Lawton House surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector and the team included a GP specialist advisor and a practice manager.

Background to Dr Dutton and Partners, Lawton House surgery

Dr Dutton and Partners is located in Congleton in East Cheshire. The practice is registered with CQC to provide primary care services. The practice treats patients of all ages and provides a range of medical services. The staff team includes six GP partners, three practice nurses, a practice manager, an assistant practice manager, a reception manager, reception and administrative staff. The practice is in the process of training an existing member of staff to be a health care assistant. The partners are also in the process of applying for funding to extend and improve the facilities to offer better disabled access and provide more room for current and further clinical services.

The practice is open Monday to Friday from 8.00am to 6.30pm. Patients can book appointments in person, online or via the telephone. The practice provides telephone consultations, pre bookable consultations, urgent consultations and home visits. The practice treats patients

of all ages and provides a range of medical services. The practice closes one afternoon per month for staff training. When the practice is closed patients access Eastern Cheshire Out of Hours Service.

The practice is part of Eastern Cheshire Clinical Commissioning Group (CCG). It is responsible for providing primary care services to approximately 10146 patients. The practice has a higher than average population of patients 65 years of age and older and a higher than average patient population who are in a nursing home. The practice is situated in an area with low economic deprivation. The practice has a General Medical Services (GMS) contract.

Why we carried out this inspection

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

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

Detailed findings

How we carried out this inspection

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

- 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
- Mothers, babies, children and young people
- The working-age population and those recently retired (including students)

- People in vulnerable circumstances who may have poor access to primary care
- People experiencing poor mental health (including people with dementia)

Before our inspection we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service. We also reviewed policies, procedures and other information the practice provided before the inspection. This did not raise any areas of concern or risk across the five key question areas. We carried out an announced inspection on 04 December 2014.

We reviewed all areas of the practice, including the administration areas. We sought views from patients via comment cards, talking to patients at the practice and telephone interviews following the inspection. During our visit we spoke with three GPs, three practice nurses, the practice manager, assistant to the practice manager and three administrative/reception staff. We spoke with three members of the patient participation group.

Are services safe?

Our findings

Safe Track Record

NHS Eastern Cheshire Clinical Commissioning Group (CCG) and NHS England reported no concerns to us about the safety of the service. GPs told us they completed incident reports and carried out significant event analysis as part of their on going professional development in order to reflect on their practice and identify any training or policy changes required.

The practice collected any information with regards to national patient safety alerts. For example we could see the alert regarding the Ebola outbreak in Africa had been actioned and notices were on display in the waiting room.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring safety incidents. A protocol around learning and improving from safety incidents was available for staff to refer to. We looked at the records of significant events that had occurred in the last 12 months. There was evidence that appropriate learning had taken place where necessary and that findings were disseminated to relevant staff at team meetings.

Staff told us and we saw evidence in records that significant events, incidents and complaints were investigated and reflected on by the clinical staff and non-clinical staff as appropriate. Staff were able to describe the incident reporting process and were encouraged to report in an open, no blame culture. They told us they felt confident in reporting and raising concerns and felt they would be dealt with appropriately and professionally. Staff were able to describe how changes had been made to the operation of the practice as a result of reviewing significant events and complaints. For example, as a result of a possible delayed breast cancer diagnosis the GPs had updated their knowledge and skills in this area by attending a training event, they had invited a specialist surgeon to provide an educational session and they had reviewed National Institute for Health and Care Excellence (NICE) guidance.

Reliable safety systems and processes including safeguarding

Staff had access to safeguarding procedures for both children and vulnerable adults. These were kept in a manual in a central area of the practice and were available

for all staff to access. These provided staff with information about identifying, reporting and dealing with suspected abuse. Staff had easy access to contact details for both child protection and adult safeguarding teams. We saw evidence of such information displayed in clinical, reception and administrative areas.

We spoke with clinical and non-clinical staff who confirmed they had received training in safeguarding at a level appropriate to their role. Staff we spoke with demonstrated good knowledge and understanding of safeguarding and its application. Records showed that all clinical staff had up to date training in safeguarding vulnerable adults and children. Some administrative staff were due for refresher training in this area.

One of the GPs took the lead for safeguarding children and vulnerable adults. They had attended appropriate training to support them in carrying out their work, as recommended by their professional registration safeguarding guidance. The safeguarding lead did not regularly attend local case conferences due to time constraints; however they did complete reports when necessary. All staff we spoke to were aware who the lead was and who to speak to in the practice if they had a safeguarding concern. Codes and alerts were applied to the electronic case management system to ensure risks to children and young people who were looked after or on child protection plans were clearly flagged and reviewed. These were also used to identify vulnerable adults and ensured staff were fully aware of the vulnerable children and adult patients at the practice.

Medicines Management

We looked at how the practice stored and monitored emergency drugs and vaccines, to ensure patients received medicines that were in date and ready to use. Vaccines were securely stored and were in date and organised with stock rotation evident. We saw the fridges were checked to ensure the temperature was within the required range for the safe use of the vaccines. We noted that a cold chain policy (cold chain refers to the process used to maintain optimal conditions during the transport, storage, and handling of vaccines) was not in place for clinical staff to refer to. We spoke to staff who managed the vaccines and they had a clear understanding of the actions they need to

Are services safe?

take to keep vaccines safe. Emergency drugs were held securely. We noted that a box of aspirins was out of date, the registered manager advised us that this would be addressed without delay.

Spare prescription pads were stored securely. Repeat prescriptions were held securely in the administration office. Prescriptions waiting for collection were monitored to ensure they had all been collected and patients were not missing their medication. Reception staff we spoke with were aware of the necessary checks required when giving out prescriptions to patients who attended the practice to collect them. We noted that the serial numbers of prescription pads were not recorded which would minimise the risk of misappropriation. Recent guidance from NHS Protect included recording the first and last serial numbers of the pads when they are issued to the GP and having the GP sign for the receipt of the pad. GPs told us that they checked medication held in GP bags was in date, however they were not making a record of these checks.

GPs reviewed their prescribing practices as and when medication alerts were received. Patient medicine reviews were undertaken on a regular basis depending on the nature and stability of their condition. The practice had support from the medicines management team of the Clinical Commissioning Group (CCG) in keeping up to date with medication and prescribing trends. The CCG medicines management team visited the practice and regular meetings were held with them.

Cleanliness & Infection Control

Staff we spoke with were able to describe their own roles and responsibilities in relation to infection control. Clinical staff told us they had completed training in infection control. Reception and administrative staff had received in-house training which was due to be refreshed. The practice manager told us they were looking at a more formal training course for reception and administrative staff. The practice nurse was the lead for infection control. They had received training in infection control and this was updated annually.

The five patients we spoke with commented that the practice was clean and appeared hygienic. We looked around the premises and at a sample of the treatment and clinical rooms. We saw that all areas of the practice seen were clean and processes were in place to manage the risk of infection. Consultation and treatment rooms had

adequate hand washing facilities. Instructions about hand hygiene were available throughout the practice and hand gels were in clinical rooms. We found protective equipment such as gloves and aprons were available in the treatment/consulting rooms. Couches were washable. Fabric curtains were used, however, the date when they were last cleaned had not been recorded. There were segregated waste disposal systems for clinical and non-clinical waste. We noted that the clinical waste was stored in a room that was not locked.

A cleaning schedule was maintained. An infection control audit was carried out by the Infection Prevention and Control team from NHS Eastern Cheshire Clinical Commissioning Group (CCG) in Summer 2014. This showed what the practice were doing well to promote infection control and where improvements were needed. Where shortfalls had been identified generally action had been taken to address them. We noted that action to address the risks presented from holes in the seating area in the waiting room had not been attended to. The practice did not undertake its own infection control audits. These should be undertaken to ensure that good infection control practices are promoted and where any shortfalls are identified an action plan is put in place to address them.

The majority of instruments used were for single use. We noted that systems were in place to decontaminate any equipment used between patients or returned from patients such as blood pressure monitoring machines, however, a record had not been made of this. The practice had infection control policies and procedures available for staff to refer to. We noted that these had not been reviewed since September 2012.

Equipment

Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly. We were shown a certificate to demonstrate that equipment such as the weighing scales, vaccine fridge, spirometers and pulse oximeters had been tested and calibrated. All portable electrical equipment was routinely tested.

Staffing & Recruitment

The practice had a written procedure for the recruitment of staff. This included interviewing candidates and seeking references. The procedure did not refer to obtaining

Are services safe?

Disclosure and Barring service (DBS), formerly Criminal Records Bureau (CRB) checks (these checks provide employers with an individual's full criminal record and other information to assess the individual's suitability for the post). The procedure did not refer to risk assessing whether a DBS check was needed, making identity checks, checking a candidate's physical and mental fitness, checking qualifications or checking an applicant's registration with professional bodies such as the General Medical Council (GMC) or Nursing and Midwifery Council (NMC).

We looked at the recruitment files for two reception/administrative staff, one GP and one nurse. We found that there were gaps in the required information to determine suitability for employment.

We found that evidence that the GP had a Criminal Records Bureau (CRB) was available in their records. Evidence of a DBS or CRB check was not available for the nurse or for the reception/administrative staff whom we were told could potentially act as chaperones for patients. A risk assessment to determine if reception/administrative staff needed a DBS check had not been completed. No references were available for the GP. The registered manager told us that verbal references had been sought but that this information had not been recorded. No references were available for the nurse who had been employed since 2002. One reference was available for both of the reception/administrative staff, however, one of these references had been obtained after the candidate began their employment. We did not see any evidence that checks had been undertaken to ensure potential staff were physically and mentally fit to undertake the roles and responsibilities required. Information to confirm identity was not available on all of the recruitment records seen.

A sample of records showed and the practice manager told us that they had checked that the professional registration for clinical staff this was up to date and valid. However, there was no system in place to record checks of on going professional registration with the General Medical Council (GMC) and Nursing Midwifery Council (NMC).

Monitoring Safety & Responding to Risk

Patient demand was monitored through the appointment system, staff and patient feedback to ensure that sufficient staffing levels were in place. Staffing levels were reviewed to ensure patients were kept safe and their needs were

met. A recent review of staffing levels had identified that a further administrative member of staff and a health care assistant were needed. A new prescription clerk had been appointed and a plan was in place to appoint a health care assistant. Duty rotas took into account planned absence such as holidays. Reception and administrative staff were multi-skilled which meant they could cover each others duties if necessary. Staff we spoke with felt staffing levels and the skill mix of staff were appropriate and met the needs of the service and patients.

The practice had other processes in place to manage and monitor risks to patients, staff and visitors to the practice. These included infection control and medicines management. Health and safety information was displayed for staff to see around the premises. The practice manager was the lead for health and safety. Health and safety issues were discussed at staff meetings.

We found that paper patients records were not stored in a lockable facility. The records were located in the administrative area which was lockable and staffed at all times when the practice was open. We noted that a risk assessment was not in place about maintaining the security of the patient records.

Arrangements to deal with emergencies and major incidents

The practice had an automated external defibrillator (used to attempt to restart a person's heart in an emergency) which had been checked and was suitable for use. Emergency medicines were available and staff knew of their location. We found that although there was a system for checking the emergency medication and equipment there was out of date aspirin, an out of date adult defibrillator pad and airways and no child defibrillator pad available. The registered manager and practice manager told us that this would be attended to without delay.

Clinical staff had up to date training in dealing with medical emergencies including cardiopulmonary resuscitation (CPR). Administrative and reception staff were due for refresher training in this area.

A disaster recovery and business continuity plan was in place but had not been reviewed in the last 12 months. We noted this did not include a plan for the risks presented by unplanned staff absence.

Are services safe?

All staff had completed fire safety training in April 2014. A fire risk assessment had been completed in April 2014. This detailed statutory obligations of The Regulatory Reform (Fire Safety) Order 2005 and made a number of recommendations to improve the fire safety of the building. An action plan detailing how the statutory obligations and recommendations were to be met had not been completed. For example, an automated fire alarm was not available at the premises. No smoke/heat detectors, break glass call points or sounders were fitted in any part of the building. An air horn was in use that had to be manually operated to warn patients and staff of a fire. The fire risk assessment had stated that weekly testing of the fire warning system in place should be carried out and

recorded. This had not been addressed. The fire risk assessment also identified that the emergency lighting was inadequate and should be supplemented with further emergency lights. The statutory obligation to undertake checks that the lighting was working adequately including an annual test by an electrician had not been attended to. The fire risk assessment also identified that there was no evidence of an electrical wiring inspection. At the time of our inspection this had not been attended to. A record had also not been made of fire drills.

Panic buttons were available for staff in the treatment rooms and in the reception area for staff to call for assistance.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinical staff we spoke with told us how they accessed best practice guidelines to inform their practice. GPs and nursing staff attended regular training and educational events such as those provided by the Clinical Commissioning Group (CCG) and they had access to National Institute for Health and Care Excellence (NICE) guidelines on their computers. GPs and nurses discussed new clinical protocols at regular clinical meetings. For example, having identified that falls presented a risk to a number of patients one of the GPs was working on a new protocol as to the action to be taken to follow up patients at risk of falls. These meetings also provided the opportunity to review complex patient needs and keep up to date with best practice guidelines and relevant legislation.

The GPs used national standards for the referral of patients for tests for health conditions, for example patients with suspected cancers were referred to hospital and the referrals were monitored to ensure an appointment was provided within two weeks.

The practice was addressing the risk to patients of unplanned admissions to hospital. The practice had identified all patients at risk and had developed a plan of care.

The practice had a palliative care register and had regular internal meetings as well as two monthly multidisciplinary meetings to discuss patient and their families care and support needs. The practice worked collaboratively with other agencies and regularly updated shared information to ensure communication of changes in care and treatment.

GPs met on a fortnightly basis with the pharmacist from the CCG. Reviews took place of prescribing practices to ensure that patients were provided with the most appropriate medications.

The practice nurses managed specialist clinical areas such as diabetes, heart disease and asthma. This meant they were able to focus on specific conditions and provide

patients with regular support based on up to date information. Nurses met with nurses from other practices which assisted them in keeping up to date with best practice guidelines and current legislation.

Management, monitoring and improving outcomes for people

There were systems in place to evaluate the operation of the service and the care and treatment given. The practice had a system in place for completing clinical audits. Examples of clinical audits seen included an audit of long-term Bisphosphonate use. (Bisphosphonate are a group of medicines used to treat conditions that affect bones). An audit of prescribing antipsychotic medication in the elderly, an audit of patients with impaired fasting glycaemia (impaired glucose regulation) and an audit of minor surgery. The audits identified what was working well and whether actions needed to be taken to improve practice. For example, the audit of minor surgery had identified that the GPs work was effective and safe. The audit of Bisphosphonate use resulted in clinicians increased awareness of the side effects of this medication and revised medication assessment guidelines being introduced. We saw that audits of clinical practice were based on best practice national guidelines.

The GPs told us clinical audits were often linked to medicines management information, safety alerts, clinical interest or as a result of Quality and Outcomes framework (QOF) performance. We discussed audits with three GPs and found evidence that the results had been communicated, learned from and practice improved as a result.

There were systems in place for medicine management. The GPs re-authorised medication for patients on an annual basis or more frequently if necessary. A system was in place to highlight patients requiring medication reviews. We noted that improvements could be made to ensure that patients who required a blood test before repeat high risk medication was prescribed had this test undertaken. GPs worked with pharmacy support from the Clinical Commissioning Group (CCG) to review prescribing trends and medication audits.

The practice used the information they collected for the QOF and their performance against national and local screening programmes to monitor outcomes for patients. QOF was used to monitor the quality of services provided.

Are services effective?

(for example, treatment is effective)

The report from 2012-2013 showed the practice was meeting national targets and was performing above the national targets in some areas such as providing the flu vaccine to high risk patients, diabetes checks, maintaining registers of patients aged 18 and over with learning disabilities and patients in need of palliative care and support and having regular palliative care meetings.

The practice had systems in place which supported GPs and other clinical staff to improve clinical outcomes for patients. The practice kept up to date disease registers for patients with long term conditions such as asthma and chronic heart disease which were used to arrange annual health reviews. They also provided annual reviews to check the health of patients with learning disabilities and patients on long term medication, for example for mental health conditions.

The practice belonged to a quality improvement scheme operated by Eastern Cheshire Clinical Commissioning Group (CCG). The CCG worked on quality indicators with neighbouring practices which enabled the practice to measure their service against others and identify areas for improvement. For example, a comparison across the neighbourhood practices showed that the practice was performing very well in relation to the management of diabetes. These meetings also helped to identify patient needs and to look at strategies to meet these needs.

Effective staffing

An induction protocol and check list were in place which identified the essential knowledge and skills needed for new employees. We noted that on the staff files we looked at for administrative staff the induction had not been signed.

We spoke to two administrative staff who told us that they felt they had received the training they needed for their roles. They said they felt well supported and that if they identified a training need this would be addressed. Appraisals for some administrative staff had not taken place within the last 12 months. The practice manager had a plan in place to ensure these were completed by March 2015. We noted some administrative staff training in infection control, safeguarding and cardiopulmonary resuscitation (CPR) needed to be refreshed. The practice

manager said that they were aware of this and had taken steps to address this. A training plan identifying the training administrative staff should undertake was not available. This would assist in planning training needs.

The clinical staff we spoke with told us they received annual appraisals. Revalidations of GPs had either taken place or were due. Revalidation is the process by which all registered doctors have to demonstrate to the General Medical Council (GMC) that their knowledge is up to date, they are fit to practise and are complying with the relevant professional standards. Clinical staff told us they attended regular training and educational events to inform their practice and to ensure their continued professional development. GPs and nursing staff met to look at new protocols, to review complex patient needs and keep up to date with best practice guidelines and relevant legislation. GP partner meetings took place where the overall operation of the service was discussed.

Working with colleagues and other services

The practice worked with other agencies and professionals to support continuity of care for patients. We were shown how the practice provided the 'out of hours' service with information to support, for example, end of life care. Information received from other agencies, for example accident and emergency department or hospital outpatient departments were read and actioned by the GPs in a timely manner. Information was also scanned onto electronic patient records in a timely manner.

The practice worked closely with other health care providers in the local area. The GPs and the practice manager attended various meetings for management and clinical staff involving practices across Eastern Cheshire CCG. Eastern Cheshire CCG organised themselves into localities and the practice met regularly with the CCG and other practices. These meetings shared information, good practice and national developments and guidelines for implementation and consideration. They were monitored through performance indicators and each practice was benchmarked.

The practice held multidisciplinary team meetings every other month to discuss the needs of complex patients, for example those with end of life care needs. These meetings were also attended by district nurses, social workers, palliative care nurses and decisions about care planning were documented.

Are services effective?

(for example, treatment is effective)

Information Sharing

The practice was implementing the electronic Summary Care Record and information was available for patients to refer to (summary Care Records provide faster access to key clinical information for healthcare staff treating patients in an emergency or out of normal hours).

The practice had systems in place to provide staff with the information they needed. An electronic patient record was used by all staff to coordinate, document and manage patients' care. This software enabled scanned paper communications, such as those from hospital, to be saved in the computer system for future reference. All members of staff were trained on the system, and could demonstrate how information was shared.

The practice had systems in place to communicate with other providers. For example, there was a system for communicating with the local out of hour's provider to enable patient data to be shared in a secure and timely manner. Electronic systems were also in place for making referrals.

Consent to care and treatment

We spoke with clinical staff about their understanding of the Mental Capacity Act 2005. They provided us with examples of their understanding around consent and mental capacity issues. They were aware of the circumstances in which best interest decisions may need to be made in line with the Mental Capacity Act when someone may lack capacity to make their own decisions. Clinical staff demonstrated a clear understanding of Gillick competencies. (These help clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment). Patients completed

consent forms for minor surgical procedures and immunisations. We noted that the practice did not have a consent policy and procedure which would provide a reference point for staff.

Health Promotion & Prevention

The practice supported patients to manage their health and well-being. The practice offered national screening programmes, vaccination programmes, children's immunisations, long term condition reviews and provided health promotion services to patients, for example about smoking cessation, improving physical fitness and travel advice. They provided information to patients via their website and in leaflets in the waiting area about the services available.

New patients registering with the practice completed a health questionnaire and were given a new patient medical appointment. This provided the practice with important information about their medical history, current health concerns and lifestyle choices. This ensured the patients' individual needs were assessed and access to support and treatment was available as soon as possible.

The practice identified patients who needed on-going support with their health. The practice kept up to date disease registers for patients with long term conditions such as diabetes, asthma and chronic heart disease which were used to arrange annual health reviews. The practice also kept registers of vulnerable patients such as those with mental health needs and learning disabilities and used these to plan annual health checks.

Quality and Outcomes Framework system (QOF) information showed the practice performed at or above the national average regarding health promotion and ill health prevention initiatives. For example, in providing flu vaccinations and providing physical health checks for patients with diabetes.

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

We looked at five CQC comment cards that patients had completed prior to the inspection and spoke with five patients. Patients were positive about the care they received from the practice. They commented that they were treated with respect and dignity, staff were caring, supportive and helpful. Patients we spoke with told us they had enough time to discuss things fully with the GPs, treatments were explained and that they felt listened to.

The National GP Patient Survey 2013/2014 found that 96% of patients who responded to the survey said the last time they saw or spoke to a nurse they were good or very good at treating them with care and concern. Eighty eight percent of patients said that the last time they saw or spoke to their GP, the GP was good or very good at treating them with care or concern. Ninety four percent of patients described the overall experience of their GP as good or very good.

We looked at the results of the last patient survey carried out by the practice in December 2013 and completed by 415 patients. The results showed 86% of patients felt they were treated with concern by the clinicians, 90% felt respected by them and 89% felt listened to. Eighty-nine percent of patients said they would recommend their practice.

Staff we spoke with were aware of the importance of providing patients with privacy. They told us there was a room available if patients wished to discuss something with them away from the reception area. A notice advising patients of this was on display. We observed that overall privacy and confidentiality were maintained for patients using the service on the day of the visit.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. 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.

The practice offered patients a chaperone prior to any examination or procedure. Some administrative staff and nursing staff acted as chaperones. The practice manager said that a clinical member of staff had provided guidance to staff around being a chaperone and that more formal training was being looked into for the administrative staff who carried out this role.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and rated the practice well in these areas. Data from the most recent National GP Patient Survey showed 83% of practice respondents said the GPs were either good or very good at involving them in decisions about their care and 92% felt the nurses were either good or very good at involving them in decisions about their care.

Patients told us they felt involved in decisions about their own treatment, they received full explanations about diagnosis and treatments and that staff listened to them and gave them time to think about decisions. Patients said they had confidence in the GPs and nursing staff. Patient feedback on the comment cards we received indicated they felt listened to and supported.

Patient/carer support to cope emotionally with care and treatment

Notices in the patient waiting room, on the TV screen and patient website provided information to patients about a number of support groups and organisations. For example, mental health support groups, Samaritans and bereavement support services. The practice's computer system alerted GPs if a patient was also a carer. There was written information available for carers to ensure they understood the various avenues of support available to them. Staff told us that patients could be signposted to bereavement counsellors and support organisations to ensure their needs were being met.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The needs of the practice population were understood and systems were in place to address identified needs. The practice had a higher than average population of patients 65 years of age and older and a higher than average patient population who were in a nursing home. The practice had responded to this identified need by providing a GP who had two dedicated sessions per week to carry out visits to patients in nursing homes. This provided continuity of care for these patients and meant that reviews of care needs were regularly undertaken and that more immediate patient care needs were met. The practice also had a significant number of patients in care homes (without nursing) and had had funding agreed for a GP locum, to undertake two sessions per week to cover one of the GP partners' clinic appointments so that they could provide a similar service to patients in residential homes.

The practice engaged regularly with NHS Eastern Cheshire Clinical Commissioning Group (CCG) and other practices to discuss local needs and service improvements that needed to be prioritised. The practice had a current development plan to improve the services offered.

The practice held information about the prevalence of specific diseases. This information was reflected in the services provided, for example screening programmes, vaccination programmes and reviews for patients with long term conditions. The practice had a high prevalence of patients with diabetes and the registered manager told us about their proactive response to diabetes management. A lead nurse who had been trained in diabetes management in General Practice managed the diabetic screening programme and ensured that patients had their diabetes regularly monitored. Any missed appointments were chased up to ensure patient attendance. The practice achieved high scores in the Quality and Outcomes Framework (QOF) in relation to diabetes management. An audit of patients with pre-diabetes had been undertaken that looked at their risk of other conditions such as heart disease. The audit suggested that the practice were treating a very high percentage of these patients for cardiovascular risks and action had been taken to provide health advice and ensure continued monitoring with a view to reducing the risk of harm to patients in the future.

Referrals for investigations or treatment were mostly done through the "Choose and Book" system which gave patients the opportunity to decide where they would like to go for further health care support. Administrative staff monitored referrals to ensure all referral letters were completed in a timely manner. Records indicated this system worked well with all referrals being sent out promptly.

The practice worked to the National Gold Standard Framework in end of life care (The National Gold Standards Framework (GSF) Centre in End of Life Care provides training to enable generalist frontline staff to provide a gold standard of care for people nearing the end of life). The practice had a palliative care register and had regular internal meetings as well as two monthly multidisciplinary meetings to discuss patient and their families care and support needs. The practice worked collaboratively with other agencies and regularly updated shared information to ensure communication of changes in care and treatment.

A Patient Reference Group (PRG) was in operation to review the services provided, develop a practice action plan, and help determine the commissioning of future services in the neighbourhood. Records and a discussion with representatives from the PRG showed the changes made to the practice as a result of feedback from surveys and meeting with the PRG. For example, to improve privacy and confidentiality reception staff now answered telephones away from the reception desk. The website has also been further developed and appointments could now be booked on-line. The practice worked with the PRG to recruit further members and to involve them in the operation of the practice. For example, an open day had recently been held which provided information for patients about community services such as Healthwatch England (Healthwatch England is the consumer champion for health and social care) and was an opportunity to publicise the PRG. A member of the PRG who was a Dementia Champion for the Alzheimers Society had provided a presentation to the practice to raise awareness around dementia.

Tackling inequity and promoting equality

The practice was aware of the challenges they faced with their patient population. The practice had a higher than average elderly population. This presented its own health challenges with a higher than average number of patients

Are services responsive to people's needs?

(for example, to feedback?)

with long term conditions and co-morbidity. The practice analysed its activity and monitored patient population groups, this enabled them to direct support and information at different groups needing different support.

Patients' electronic records contained alerts for staff regarding, for example patients requiring additional assistance in order to ensure the length of the appointment was appropriate. For example, if a patient had a learning disability then a double appointment was offered to the patient to ensure there was sufficient time for the consultation.

The majority of the practice population spoke English, however, the practice was able to meet the needs of patients whose first language was not English as it had access to translation services. Translation service notices were displayed in the waiting area. We noted that administrative staff had not undertaken training around equality and diversity. Policies for staff to refer to about promoting equality, diversity and human rights were also not available.

Access to the service

The registered manager told us that access to the service needed to be improved in terms of providing greater space to provide the current clinical services and to extend the range of clinical services available to meet the needs of patients. The practice population had grown in size in the last ten years and was set to potentially increase due to housing developments being built in the area. As a result of lack of space midwifery services had moved to another community facility, some minor surgical procedures were being carried out in a local hospital and there was a restriction on developing the nursing services that could be provided.

The practice also needed to improve its disabled access. The treatment and consultation rooms were on the ground floor and were accessible to patients with a physical disability. An audio loop was available at reception. There was disabled access to the front entrance of the practice, however, specific disabled toilet facilities and designated parking spaces were not available. An assessment of capacity in 2013 identified these and other areas where access needed to be improved. The access report was

submitted to NHS England with an application for funding to improve and extend the premises. This application was not successful and at the time of our visit a further application was in the process of being made.

Patients were able to book appointments in person, on-line or by telephone. The practice was open Monday to Friday from 8.00am until 18.30pm. Patients were able to book on the day for medically urgent appointments, routine appointments could be booked up to 6 weeks in advance, telephone consultations were available and home visits were offered to patients whose condition meant they were unable to visit the practice. The practice closed one afternoon per month for staff training. The practice information leaflet and website provided information to patients about making appointments and about where to access GP services when the practice was closed. Out of hours medical assistance was provided by Eastern Cheshire Out of Hours Service.

The appointment system was monitored to ensure that any issues around access to appointments were identified. Access to appointments was also monitored through the systems for patient feedback and from feedback from staff.

The National GP survey results for 2013/2014 showed that patients were overall happy with access to the service. Eighty eight percent were very satisfied or fairly satisfied with opening hours, 86% rated their ability to get through on the telephone easy or very easy and 50% of patients stated that they always or almost always see or speak with the GP they prefer. These responses were average when compared to practices nationally.

We looked at five CQC comment cards that patients had completed prior to the inspection and spoke to five patients. Patients spoken with were generally happy with the system for booking appointments and said that they could get an appointment when one was needed. One patient commented that a range of health clinics were not provided due to the limited space at the practice.

We looked at the results of the last patient survey carried out by the practice in December 2013 and completed by 415 patients. The results showed 65% of patients were happy with the opening hours, 61% were happy with telephone access and 67% were happy with the arrangements for appointments.

The practice manager reported that some patients failed to attend for a booked appointment and had not contacted

Are services responsive to people's needs?

(for example, to feedback?)

the practice to cancel which meant that the appointment could not be offered to another patient. In order to manage this the appointment system was being closely monitored and when a patient missed three or more appointments a letter was sent to them to advise them of the consequences of this for other patients.

Listening and learning from concerns & complaints

A sign was displayed in the waiting area inviting patient's comments, concerns or complaints. The process to follow to make a complaint was not displayed in the waiting area and a complaint policy and procedure was not available at reception to give to patients. We saw the complaint procedure which gave guidance to staff around the procedure to follow when a patient made a complaint. The

agencies that the complainant could approach if they were not happy with how a complaint was managed, such as the Health Service Ombudsman and NHS England were not documented.

We looked at the record of complaints and found documentation to record the details of the concerns raised and the action taken. Staff we spoke with were knowledgeable about the procedure for patients to make a complaint. We found that changes had been made to the practice as a result of patient complaints. For example, as a consequence of a complaint about how immunisations were managed, the procedures for immunisations had been reviewed to ensure better patient safety.

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 values of the practice were to treat all patients with equal respect and compassion, to evolve and advance with the changes in modern medicine, to support the local community and work with its key stakeholders.

The patients we spoke with said the practice met its aim to provide respect and compassion. A practice charter set out the values that patient's could expect from the practice. Staff were able to articulate the values of the practice.

Governance Arrangements

The practice had policies and procedures in place to govern activity and these were available to staff on the computer shared drive and in hard copy in the offices. However, we found that some policies and procedures were not available and needed to be put in place so that staff had these to refer to. A policy and procedure for maintaining the cold chain (cold chain refers to the process used to maintain optimal conditions during the transport, storage, and handling of vaccines), whistle blowing and consent were not available. The business continuity plan and the patient complaint procedure needed further information to ensure complete guidance was provided. The infection control policies and procedures had not been reviewed since September 2012.

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 and exceeded national standards in some areas. The GPs spoken with told us that QOF data was regularly discussed and action plans were produced to maintain or improve outcomes.

The practice participated in a local peer review system with neighbouring GP practices within the local CCG. At these meetings the practice had the opportunity to benchmark their service against others and identify areas for improvement. Local action plans were developed and the practices were supported by the CCG.

The practice had completed clinical audits to evaluate the operation of the service and the care and treatment given. Examples of clinical audits seen included an audit of long-term Bisphosphonate (Bisphosphonate are a group of medicines used to treat conditions that affect bones). An

audit of prescribing antipsychotic medication in the elderly, an audit of patients with impaired fasting glycaemia (impaired glucose regulation) and an audit of minor surgery. The audits identified what was working well and whether actions needed to be taken to improve practice.

The practice had systems in place for identifying, recording and managing risks. We looked at examples of significant incident reporting and complaints and actions taken as a consequence. However, improvements were needed to the systems in place to recruit staff safely and to ensure effective fire safety of the premises.

Leadership, openness and transparency

There was a clear leadership structure in place which had named members of staff in lead roles. For example, the practice manager was the lead for health and safety, nurse team leader was the lead for infection control and one of the GPs was the lead for safeguarding. We spoke with the practice manager and several other members of staff and they were all clear about their own roles and responsibilities. They all told us there was a friendly, open culture within the practice and they felt very much part of a team. They all felt valued, well supported and knew who to go to in the practice with any concerns. They felt any concerns raised would be dealt with appropriately.

Regular meetings took place to share information, look at what was working well and where any improvements needed to be made. Clinical staff, practice manager and senior reception and administrative staff met every two months. GPs and nursing staff met to look at new protocols, to review complex patient needs and keep up to date with best practice guidelines and relevant legislation.

We reviewed a number of human resource policies and procedures that were available for staff to refer to, for example, the induction, sickness and absence and disciplinary procedures. These procedures were in a staff handbook which was updated on an annual basis.

The practice worked with the Clinical Commissioning Group (CCG) to share information, monitor performance and implement new methods of working to meet the needs of local people. GPs attended prescribing and medicines management meetings and shared information within the practice.

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

Are services well-led?

Good 

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

Patient feedback was obtained through carrying out surveys, reviewing the results of national surveys, the complaint procedure and through a Patient Reference Group (PRG).

A PRG was in operation and had 18 members. The purpose of the PRG was to review the services provided, develop a practice action plan, and help determine the commissioning of future services in the neighbourhood. The last patient survey, which was agreed with the PRG, was carried out by the practice in December 2013 and completed by 415 patients. We saw that the annual report and a summary of the survey results were available on the practice website. An action plan in response to the survey results had been completed. For example, the issue of waiting times for GPs was identified in the survey. To address this a GP attended a consultation skills update training course and fed this back to the other GPs. The survey results showed that when compared to other practices the helpfulness of the reception staff was not as good as other practices. The action plan identified that this was to be addressed through the appraisal process.

We spoke to three members of the PRG who told us they felt listened to and that improvements had been made to the practice as a result of their suggestions and survey results. For example, to improve privacy and confidentiality reception staff now answered telephones away from the reception desk. The website has also been further developed and appointments could now be booked on-line.

Staff told us they felt able to give their views at practice meetings. Staff told us they could raise concerns and felt they were listened to. We noted that a whistle blowing policy and procedure was not in place for staff to refer to.

A suggestion box was situated in the reception area to encourage patient feedback. A leaflet was on reception and handed out to patients encouraging them to access and

participate in the NHS friends and family test. The NHS friends and family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014. We saw 20 responses and they were all positive.

Management lead through learning & improvement

The clinical staff we spoke with told us they received annual appraisals. Revalidations of GPs had either taken place or were due. Revalidation is the process by which all registered doctors have to demonstrate to the General Medical Council (GMC) that their knowledge is up to date, they are fit to practise and are complying with the relevant professional standards. Clinical staff told us they attended regular training and educational events to inform their practice and to ensure their continued professional development. GPs and nursing staff met to look at new protocols, to review complex patient needs and keep up to date with best practice guidelines and relevant legislation.

Appraisals for some administrative staff had not taken place within the last 12 months. The practice manager had a plan in place to ensure these were completed by March 2015. We noted some administrative staff training in infection control, safeguarding and cardiopulmonary resuscitation (CPR) needed to be refreshed. The practice manager said that they were aware of this and had taken steps to address this. A training plan identifying the training administrative staff should undertake was not available. This would assist in planning training needs.

Procedures were in place to record incidents, accidents and significant events and to identify risks to patient and staff safety. The results were discussed at practice meetings and if necessary changes were made to the practice's procedures and staff training.

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 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers Patients were not protected against the risks associated with unsuitable staff because the provider did not ensure that information specified in Schedule 3 was available for all staff employed. Regulation 21(a), (b) and (c)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 16 HSCA 2008 (Regulated Activities) Regulations 2010 Safety, availability and suitability of equipment Patients were not protected against the risks associated with unsafe equipment because the provider did not ensure that fire safety equipment was properly maintained and suitable for its purpose. Regulation 16 (1) (a)