

Beech Tree Medical Practice

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Beech Tree Medical Practice on 7 September 2017. Overall the practice is rated as requires improvement.

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

- The practice had an open and transparent approach to safety but did not have sufficient effective systems and processes in place to ensure patients were always kept safe. There was a system in place for reporting and recording significant events which staff were aware of, but the practice did not always identify and record all significant events to enable analysis and learning from outcomes.
- The practice did not have systems to minimise risks to patient safety regarding medicines, and safety alerts, but addressed this immediately and carried out retrospective audits and patient reviews to ensure patients were not at risk.
- Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment. Clinical staff told us they were aware of current evidence based guidance and were able to describe some actions taken using the latest guidance. However, there was no process in place for cascading changes in local and national guidance to clinical staff, to provide evidence of discussion, no formal record reviews or audits relating to changes in NICE guidance.
- Results from the National GP Patient Survey 2017 showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment, although results were slightly below the Clinical Commissioning Group (CCG) and national averages.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment and urgent appointments were available the same day.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had a long established and stable workforce and staff felt supported by management. However, whilst staff were clear regarding the leadership roles in the practice, governance arrangements did not always operate effectively and leaders were not always clear about their roles and accountability for quality.
- The practice had made attempts to seek feedback from patients, but did not have an actual Patient Participation Group (PPG). However, they had introduced a virtual group to achieve patient views and feedback. The practice engaged with staff during staff meetings and during daily discussions but opportunities for formal feedback from clinical staff were limited as staff had not received appraisal for several years.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider must make improvement are:

- To ensure that care and treatment is provided in a safe way to patients.
- To establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

See requirement notices at the end of this report.

The areas where the provider should make improvement are:

- Ensure there are systems in place for recording activity to demonstrate what actions have been taken. For example, regarding, significant events, Legionella, monitoring of prescriptions and capturing patients' suggestions, comments and verbal complaints,

- Assure themselves that staff have the necessary knowledge and skills regarding the Mental Capacity Act (MCA).
- Introduce measures to provide assurance that evidence based guidelines are being followed.
- Ensure more easily visible information is available for patients regarding the complaints procedure and the availability of the interpreting service.
- Take more action to promote and develop the PPG.
- Introduce a process to ensure clinical input prior to destruction of uncollected prescriptions with regular monitoring.
- Take action to identify more patients as carers.
- Ensure that triaging of hospital letters by trained non-clinical staff is audited and supervised.
- Introduce and monitor a formal plan of audit to promote audit activity within the practice.
- Develop an effective system to identify vulnerable adults and ensure they are entered on the safeguarding register as well as children of concern and review A&E attendances of these patients along with the review of children on the at risk register who frequently attend A&E.
- Review the findings of the national GP patient survey to address areas where results are below the national average.
- Establish a system of maintaining the Hepatitis B status for all clinical staff.

Where a service is rated as inadequate for one of the five key questions or one of the six population groups or overall, it will be re-inspected within six months after the report is published. If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group or overall, we will place the service into special measures. Being placed into special measures represents a decision by CQC that a service has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

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 inadequate for providing safe services.

Inadequate



- We reviewed all significant events recorded and found there was a system for reporting and recording significant events although following discussions with staff and reviewing complaints and significant events, we noted that some events had not been reported. From the significant events we reviewed staff told us that lessons were shared at clinical meetings to improve safety in the practice but not recorded in minutes of meetings. The practice informed patients when things went wrong as soon as practicable, and took steps to provide reasonable support, information, and a written apology. They were told about any actions taken to improve processes to prevent the same thing happening again.
- The practice had some systems, processes and practices to minimise risks to patient safety but these were not comprehensive or always effective and not all risks were identified to ensure the delivery of safe care. For example, there was no system in place for the practice to receive Medicines and Healthcare products Regulatory Agency (MHRA) alerts and there was no record to demonstrate actions following patient safety alerts. However, the practice addressed this immediately and carried out audits and patient reviews to ensure no patients were at risk.
- The practice had a safeguarding lead and allocated administrative support for this role. Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role, although clinical staff had not received Mental Capacity Act (MCA) training and did not demonstrate a good understanding of this. The practice demonstrated good management and communication with other services regarding children who were at risk of harm but did not have a register for vulnerable adults or follow up all children who frequently attended the A&E department other than children on the at risk register. However, following our inspection the practice confirmed they had developed a policy which was being finalised with the GP partners.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Summary of findings

Are services effective?

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

- Data from the Quality and Outcomes Framework showed patient outcomes were comparable with the Clinical Commissioning Group and national averages. Staff were aware of the practice's ongoing achievement and were involved in calling patients to ensure uptake of health reviews.
- Staff told us they were aware of current evidence based guidance and accessed this online individually. There was no system in the practice for cascading changes and no evidence of audits carried out as a result of changes in National Institute for Health and Care Excellence (NICE) guidance.
- The practice had carried out clinical audits which demonstrated quality improvement and we saw evidence of a two cycle audit and single cycle audits, although there was no formal audit plan.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals for non-clinical staff, but nurses and the practice manager had not received a formal appraisal for three years. All staff told us that they could discuss any training or development needs at any time during the year with the practice manager and the practice supported these. We saw evidence to demonstrate this and that nursing staff had received training relevant to their roles.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services invited to clinical meetings.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey published in July 2017 generally showed patients rated the practice slightly lower than others in the CCG and nationally for four aspects of care relating to GPs giving patients time, treating them with concern, listening and having confidence in the GP. We did not see evidence to demonstrate that the practice had addressed these areas.
- The survey information we reviewed regarding patients being involved in decisions about their care and treatment and having explanations regarding tests and treatment was comparable with the CCG and national averages.

Good



Summary of findings

- Information for patients about the services available was accessible and we saw information regarding access to support services for carers.
- The practice had a carers register but this was not established and the practice told us they had started to develop this. They had identified seven carers and at the time of inspection had not routinely invited carers for flu vaccinations or health checks but provided these opportunistically if they were aware of their carer status.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice had an understanding of the population profile and was looking at ways to meet the needs of its population. They were considering working with the local children's centre and community liaison officer to identify further the needs of the population and promote the facilities available at the practice to local people.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day. The national patients survey rated the practice higher than the CCG and national average for getting an appointment with a preferred GP.
- The practice had good facilities and was well equipped to treat patients and meet their needs. There was access to an interpreter, the Improving Access to Psychological Therapies (IAPT) service, an in house psychology service and physiotherapist.
- Information leaflets were available in reception but there was no information advertising how to complain. However, the practice addressed this following our inspection and placed a poster in the reception area. We saw examples that demonstrated that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice had not proactively invited suggestions and comments from patients, but following our inspection they provided evidence to demonstrate they had introduced a form for patients to complete in order to leave feedback on the service.

Good



Summary of findings

Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had a vision to deliver high quality care and promote good outcomes for patients but the arrangements in place did not always ensure this vision was achieved. Not all staff were clear about the vision and their responsibilities in relation to it.
- There was a leadership structure and staff told us they felt supported by management, although the leadership in the practice did not always ensure that risk and governance was effective. The practice had policies and procedures to govern activity and held regular meetings but did not record actions regarding governance discussions to demonstrate this.
- An overarching governance framework showed the responsibilities of the leaders in the practice but arrangements to monitor and improve quality and identify risk were not always effective.
- Not all staff had received annual performance reviews to enable them to discuss development and training needs, although staff told us they had training opportunities which they could identify to the practice manager at any time. Staff attended staff meetings but minutes were not comprehensive to reflect all discussions.
- The provider was aware of the requirements of the duty of candour. In five examples we reviewed, as well as discussions with staff, we saw evidence that the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of safety incidents and whilst they shared the information with staff and ensured appropriate action was taken, discussion with staff at meetings was not always timely to share learning.
- The practice had experienced difficulty in establishing a patient participation group (PPG) and had held an open evening for patients to raise awareness and provide an opportunity to join the PPG but this had not been well attended. Following this the practice had set up a virtual group which communicated online. We did not see advertisements in the practice inviting patients to join the PPG or leave feedback, comments and suggestions. However, following our inspection the practice manager advised us that feedback forms had been introduced for patients to complete and submitted evidence to confirm this.

Requires improvement



Summary of findings

- Staff had access to continuous learning via an e-learning programme and attendance at protected learning sessions. Staff training was built into staff rotas but there were some gaps such as Mental Capacity Act (MCA) training.

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 requires improvement for the care of older people. This is because the area of safe was rated as inadequate and effective and well led required improvement which impact on all population groups.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.
- The practice had developed a frailty register to identify older people at risk.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. This is because the area of safe was rated as inadequate and effective and well led required improvement which impact on all population groups.

- Nursing staff had lead roles in long-term disease management such as diabetes and asthma and had access to the diabetes and respiratory specialist nurses if necessary.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading was below the recommended level was 70% compared to the CCG average of 77% and national level of 78%. However, exception reporting for this indicator was 4% which was below the CCG and national averages of 8% and 9% respectively.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.

Requires improvement



Summary of findings

- The practice had a system which allowed medicines review dates to trigger recall for review of their long term conditions and provided appointments for review of more than one condition to prevent the need for multiple practice visits. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. This is because the area of safe was rated as inadequate and effective and well led required improvement which impact on all population groups.

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were on the child protection register, for example, children and young people who had a high number of accident and emergency (A&E) attendances. However, the practice did not follow up all children who were regular attenders at A&E.
- Immunisation rates were high for all standard childhood immunisations.
- Children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives and health visitors to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working age people (including those recently retired and students). This is because the area of safe was rated as inadequate and effective and well led required improvement which impact on all population groups.

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours. The practice building

Requires improvement



Summary of findings

hosted the Coventry & Rugby Alliance extended hours service which provided access to primary care GPs and nurses six days a week up to 9.30pm including Saturday mornings. Patients could also access this service on a Sunday at a hub in Coventry.

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. The practice hosted the Aortic Abdominal Aneurysm (AAA) screening and sessions from Relate counselling service.

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. This is because the area of safe was rated as inadequate and effective and well led required improvement which impact on all population groups.

- The practice did not hold a register of all patients living in vulnerable circumstances. Whilst there was a register for those patients with a learning disability, other vulnerable adult groups were not identified on a register.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). This is because the area of safe was rated as inadequate and effective and well led required improvement which impact on all population groups.

Requires improvement



Summary of findings

- 81% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is the same as the CCG average and comparable to the national average of 84%.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. The GPs had telephone access to a GP liaison consultant and the mental health crisis team.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 72% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate compared to the CCG average and national average of 86% and 89% respectively.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia. The practice were involved in screening patients at risk of dementia to detect early signs of memory loss.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice did not have a system to follow up patients who had attended A&E where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia and directed patients when necessary to the Improving Access to Psychological Therapies (IAPT) service who attended the practice.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2017. The results showed the practice was performing generally above or in line with local and national averages. There were 311 survey forms distributed and 111 were returned. This represented over 2% of the practice's patient list.

- 79% of patients described the overall experience of this GP practice as good compared with the CCG average of 83% and the national average of 85%.
- 77% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 73% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 74% and national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 12 comment cards which were all positive about the standard of care received. Patients commented on receiving good treatment and close monitoring of their long term conditions and specifically mentioned GPs by name reporting satisfaction at their caring nature.

We spoke with two patients during the inspection who said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice NHS Friends and Family results had also been positive.

Areas for improvement

Action the service **MUST** take to improve

- To ensure that care and treatment is provided in a safe way to patients.
- To establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Action the service **SHOULD** take to improve

- Ensure there are systems in place for recording activity to demonstrate what actions have been taken. For example, regarding, significant events, legionella, monitoring of prescriptions and capturing patients' suggestions, comments and verbal complaints,
- Assure themselves that staff have the necessary knowledge and skills regarding the Mental Capacity Act (MCA).
- Introduce measures to provide assurance that evidence based guidelines are being followed.
- Ensure more easily visible information is available for patients regarding the complaints procedure and the availability of the interpreting service.

- Take more action to promote and develop the PPG.
- Introduce a process to ensure clinical input prior to destruction of uncollected prescriptions with regular monitoring.
- Take action to identify more patients as carers.
- Ensure that triaging of hospital letters by trained non-clinical staff is audited and supervised.
- Introduce and monitor a formal plan of audit to promote audit activity within the practice.
- Develop an effective system to identify vulnerable adults and ensure they are entered on the safeguarding register as well as children of concern and review A&E attendances of these patients along with the review of children on the at risk register who frequently attend A&E.
- Review the findings of the national GP patient survey to address areas where results are below the national average.
- Establish a system of maintaining the Hepatitis B status for all clinical staff.

Beech Tree Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Beech Tree Medical Practice

Beech Tree Medical Practice is a GP practice which provides primary medical services under a General Medical Services (GMS) contract to a population of approximately 5,000 patients living in the town centre and surrounding areas of Rugby. A GMS contract is a standard nationally agreed contract used for general medical services providers.

The practice operates from a modern purpose built, two storey building with disabled access and parking. The reception area is spacious and allows easy access for patients using mobility aids.

The practice population has a higher than average number of patients aged 15-64 years. National data indicates that the area is one that does not experience high levels of deprivation. The practice population is predominantly made up of white British patients with some Eastern European and Asian ethnic minority groups.

There are two GP partners, one male and one female and one salaried female GP. The practice employs three practice nurses, a practice manager and assistant practice manager who are supported by administration and reception staff.

The practice offers a range of services including smoking cessation, minor surgery, long term condition monitoring, cervical cytology and child health services.

The practice is open on Monday to Friday from 8am until 6.30pm. Extended hours appointments are offered on Wednesday evenings from 6.30pm until 7.30pm. The practice is the Rugby hub for the Coventry and Rugby Alliance extended hours service which gives all patients in the area access to primary care services from GPs and nurses six days a week until 9.30pm and Saturday mornings. There is also an option to be seen in a Coventry hub on Sunday mornings. When the practice is closed services are provided by the local out of hours provider by Care UK accessed via the NHS 111 service.

Why we carried out this inspection

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

How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations such as the local clinical commissioning group to share what they knew. We carried out an announced inspection on 7 September 2017. During our inspection we:

- Spoke with a range of staff including GPs, nurses, the practice manager and reception and administration staff and spoke with patients who used the service.

Detailed findings

- Observed how patients were being cared for in the reception area and talked with them and their family members.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living with dementia).

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

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events, although we noted from discussions with staff that they had not all been recorded. Staff told us they would inform the practice manager of any incidents and there was a hard copy recording form available which was also available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). Staff gave examples of events which had occurred and actions that had been taken, but we noted these had not all been recorded on the significant event form. For example, staff told us of a patient collapse at the practice. However, staff also gave examples of where significant events had occurred and actions had been taken to prevent recurrence and we saw evidence of this. Following our inspection the practice confirmed they had introduced a system to number significant events to enable them to be identified on the minutes of meetings to demonstrate they have been discussed.

- From the sample of five documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice from the significant event summary log. However, although staff told us they were discussed at meetings these were not documented in the minutes.

Overview of safety systems and processes

The practice had systems, processes and practices in place to minimise risks to patient safety but these were not always reliable or appropriate to keep patients safe and there were gaps in the identification of some risks.

The practice did not have a system for receiving Medicines and Healthcare products Regulatory Agency (MHRA) alerts and therefore could not demonstrate that they had

actioned any of these alerts. Following our inspection the practice manager notified us to confirm that they had signed up to receive these and was carrying out a retrospective audit of MHRA alerts issued over the last two years and would continue to record and monitor these in the future. They had carried out a search of patients and the GPs contacted patients and requested that they attend the practice for review where necessary. We saw from the evidence the practice submitted that no patients had been put at risk. The practice was receiving other safety alerts from the Central Alert System but was not formally recording their actions from these.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the GPs was the lead member of staff for safeguarding who had an allocated member of staff to provide administration support for safeguarding issues.
- Staff we interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level three. Whilst all children on the child protection register were recorded and monitored following A&E attendance, they did not have a register for children who were a cause for concern or review A&E attendances for these children or vulnerable adults. However, following our inspection the practice confirmed they had developed a policy which was being finalised with the GP partners.
- A notice in the waiting room and in all clinical rooms which advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

Are services safe?

- We observed the premises to be visibly clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who had received appropriate training for this role. There was an IPC protocol and staff had received up to date training. The IPC lead had contacted the local Clinical Commissioning Group (CCG) IPC lead and sought advice and guidance regarding audit and actions required. We saw evidence of a recent IPC audit which had been undertaken and that action had been taken to address the areas identified as a result.

There were arrangements for managing medicines, including emergency medicines and vaccines, in the practice which minimised some risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal) although there were omissions with these arrangements regarding prescriptions.

- There were processes for handling repeat prescriptions which included the review of high risk medicines. However, whilst we saw the monitoring of patients taking Warfarin (a blood thinner used to prevent heart attacks, strokes and blood clots in veins and arteries) was appropriate and records we viewed confirmed this, we noted that blood tests for other high risk medicines which were initiated and monitored by the hospital under shared care arrangements were not always accessed prior to issuing repeat prescriptions. We established from sampling anonymised patient records that all monitoring had been carried out and results were within the appropriate levels, but the system was not monitored effectively. Following our inspection the practice informed us they had been discussing this issue with the local area prescribing committee regarding high risk medicines and shared care arrangements and were writing a policy in line with their advice to address this. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. We noted that blank prescriptions were securely stored but there was no log of serial numbers to allow tracking of prescriptions if necessary and monitor their use.

Following our inspection the practice informed us that a system had been introduced with a log to records when prescriptions have been used and submitted a form to confirm this. The practice had allocated a specific member of staff to manage this process. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. There was a process for dealing with uncollected prescriptions which was carried out by administration staff without clinical input or monitoring.

- We noted that whilst the temperature of the vaccine fridge had been routinely monitored and recorded, there had been a consistent recording of the same daily temperature with no variation. Following our inspection the practice manager had sought an assessment from a specialist contractor to check the fridge was working efficiently which confirmed this was the case.
- We reviewed the recruitment policy which was appropriate. However, we reviewed three personnel files and found there were omissions in the documentation and did not find evidence of appropriate recruitment checks. For example, evidence of satisfactory conduct in previous employments in the form of references and photographic identification. The practice told us these had been carried out but had mislaid the paper work. We noted that the practice record for Hepatitis B status of staff had not been kept up to date. Following our inspection the practice manager notified us that staff were arranging for a repeat check of their status.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and had carried out fire drills. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- We saw that all electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, we noted that the practice had completed two risk assessments in the last year which had identified a

Are services safe?

Legionella risk. Whilst they had continued to carry out recommended actions they had not recorded these and had not taken action to resolve the issue in the longer term.

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

- There was an panic alarm in all consultation and treatment rooms which alerted staff to any emergency.

- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator (which provides an electric shock to stabilise a life threatening heart rhythm) available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- Staff had access to guidelines from NICE and told us they used this information to deliver care and treatment that met patients' needs. However, there was no formal system to alert staff to changes in NICE guidance or evidence that any changes were discussed at practice meetings.
- There was no evidence to demonstrate that the practice monitored that these guidelines through risk assessments, audits or random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 92% of the total clinical points available compared with the Clinical Commissioning Group (CCG) average of 94% and national average of 95%. The overall exception rate was 9% which was comparable to the CCG and national averages of 9% and 10% respectively. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for overall diabetes related indicators was 79% which was lower than the CCG and national averages of 90%. For example, the percentage of patients with diabetes, on the register whose last blood pressure reading (measured in the preceding 12 months) was within the recommended level was 70%

compared to the CCG and national averages of 77%. However, unpublished data for 2016/17 showed that the practice had improved their overall achievement for diabetes overall to almost maximum achievement.

- Performance for mental health related indicators was 82% which was also lower than the CCG average of 90% and national average of 93%. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in their record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate was 74% compared to the CCG and national averages of 86% and 89%. The unpublished data for 2016/17 showed the practice had maximum achievement in this area.
- There was evidence of quality improvement including clinical audit although there was no formal audit plan to promote audit activity within the practice.

There had been two full clinical audits commenced in the last two years, both of these were complete audits where the improvements made were implemented and monitored. For example, one of the audits resulted in identifying patients with a specific condition being called for a review and receiving additional recommended treatment for their condition.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- We saw the practice had an induction programme for all newly appointed staff which included topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. However, we noted that the induction pack for locum GPs was not comprehensive to provide new GPs locums with information about how the practice operates on a daily basis. Following our inspection the practice manager submitted evidence to show that they had developed an information pack for locum GPs containing all relevant information to assist them to carry out their role.
- The practice could generally demonstrate how they ensured role-specific training and updating for relevant staff such as nurses reviewing patients with long-term conditions. For example, we saw that the practice nurses had received updates in conditions such as asthma, diabetes and smoking cessation. However, we

Are services effective?

(for example, treatment is effective)

noted that clinical staff had not received Mental Capacity Act (MCA) training and whilst they could demonstrate an understanding of the principles of this this could be strengthened.

- The nurses administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence and we saw they had received the relevant update training. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and update annual update training.
- The learning needs of nursing staff were identified on an ad hoc basis and staff told us they could discuss with the practice manager at any time if they required updates or training. However, whilst the administration staff had received annual appraisals, the nursing staff and practice manager had not had an appraisal for several years and therefore had not had a formal opportunity to discuss and record their training and personal development needs. Staff told us the practice manager communicated on a daily basis and felt they received ongoing support in their role. Nursing staff told us they engaged in informal clinical supervision together and could access the practice nurse sessions at the protected learning sessions provided by the CCG.
- Staff had received training that included safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. However, we noted that the practice did not always access this information, specifically regarding blood test results of patients taking high risk medicines. Following our inspection the practice notified us that the GP had contacted the local areas prescribing committee regarding this issue and was writing a policy in line with the Areas Prescribing Committee's advice and guidance to ensure safe prescribing of high risk medicines.

- From the sample of documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services. We noted that the hospital letters were received and managed by a member of the administration team, and whilst they had received training to deal with these, the practice did not audit this work. Following our inspection the practice confirmed that they had commenced an audit which would run for one month where the GPs would review this work and this would be re-audited in six months time.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, although required training in the Mental Capacity Act (MCA) 2005 to strengthen their understanding.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.
- The practice obtained written consent for minor surgery procedures which was scanned in the patient record.

Supporting patients to live healthier lives

Are services effective?

(for example, treatment is effective)

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The practice had access to the Admiral Nursing service which provided support to carers of patients with dementia and this was clearly advertised in the reception area.

The practice's uptake for the cervical screening programme was 80%, which was comparable with the CCG and the national average of 81%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. The exact uptake rates for the vaccines given were not available but we saw that the practice had reached the targets set nationally and achievement was comparable to the CCG and national averages.

The practice nurse told us they contacted patients who did not attend for their cervical screening test. They also had a system to check that all cervical screening results had been

received. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. The uptake rates 2015/16 showed the practice had an uptake rate of bowel screening which was 57% which was in line with the CCG and national averages of 57% and 58% respectively. The uptake rate for breast cancer screening was 75% which compared with the CCG and national rates of 70% and 73% respectively. The practice hosted the Aortic Abdominal Aneurysm (AAA) screening as well as retinal screening for patients with diabetes.

The practice had a blood pressure machine in the reception area which allowed patients to submit their recording to reception to be reviewed.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. We noted this was not advertised to patients, however, following our inspection the practice manager notified us that they had introduced signage to inform patients of this facility.
- Patients could be treated by a clinician of the same sex.

All of the 11 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two patients including a member of the PPG who told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in July 2017 showed patients felt they were treated with compassion, dignity and respect although rates were lower in some areas compared to the CCG and national averages. For example:

- 80% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 76% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 86%.

- 88% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 76% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national averages of 84% and 86% respectively.
- 91% of patients said the nurse was good at listening to them compared with the CCG average of 90% and the national average of 91%.
- 88% of patients said the nurse gave them enough time compared with the CCG average of 90% and the national average of 92%.
- 92% of patients said they had confidence and trust in the last nurse they saw compared with the CCG and national average of 97%.
- 78% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared with the CCG average of 85% and the national average of 87%.

We noted there had been no actions planned to address the three areas in the National Patient Survey results where the practice was below the CCG and national averages.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They commented that GPs were caring and listened to their health problems. Patients also told us they felt supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them although the National GP Patient Survey responses for this question was below the CCG and national averages.

Results from the national GP patient survey published in July 2017 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 82%.

Are services caring?

- 85% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 90%.
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation services were available for patients who did not have English as a first language, although we did not see notices in the reception areas informing patients this service was available. Following our inspection the practice manager confirmed that this had been addressed and was now being advertised. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in an easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access

a number of support groups and organisations. For example, we saw information regarding a bereavement service, cancer support and carers support service. There was information regarding the Admiral Nurse service for patients caring for patients with Alzheimer's disease on the reception desk.

The practice had a carers register but we noted there were only seven patients on the register. The practice manager told us they did not routinely offer health checks to carers but did offer flu vaccination. Discussions with the practice showed that they had not established a correct coding process or established ways to build their register. Following our inspection, the practice manager confirmed that they were updating their register and starting to contact patients to attend for flu vaccination. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement their usual GP contacted them or sent them a sympathy card. The GPs also signposted relatives to a bereavement counselling service for support if they expressed a need for this.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Wednesday evening until 7.30pm for working patients and those patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability, for mental health reviews and for children attending for immunisation.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS.
- There were accessible facilities which included a hearing loop and interpretation service available. There were staff in the practice who spoke several languages commonly spoken by the practice population.
- Other reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services.
- The practice had considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients received information in formats that they could understand and received appropriate support to help them to communicate.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday and appointments were available during these times. Extended hours appointments were offered on Wednesday evening from 6.30pm until 7.30pm for patients who could not access the surgery during core hours. The practice is the Rugby hub for the Coventry and Rugby

Alliance extended hours service which gives all patients in the area access to primary care services from GPs and nurses six days a week until 9.30pm and on Saturday mornings. There was also an option to be seen in a Coventry hub on Sunday mornings. When the practice was closed services were provided by the local out of hours provided by Care UK, accessed via the NHS 111 service.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available on the day for patients that needed them.

Results from the national GP patient survey published in July 2017 showed that patients' satisfaction with how they could access care and treatment was comparable with local and national averages.

- 74% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 76% and the national average of 76%.
- 78% of patients said they could get through easily to the practice by telephone compared to the CCG and national average of 71%.
- 87% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 83% and the national average of 84%.
- 86% of patients said their last appointment was convenient compared with the CCG average of 79% and the national average of 81%.
- 77% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 61% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 54% and the national average of 58%.

Patients told us that they were able to get appointments when they needed them.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Listening and learning from concerns and complaints

The reception staff took details from patients requesting home visits and GPs would call patients to determine if a

Are services responsive to people's needs?

(for example, to feedback?)

home visit was necessary and prioritise visits according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

The practice had a system for handling complaints and concerns.

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

- We saw complaints leaflets were available in the reception area, although there were no posters visible to inform patients of how to complain. Following our inspection the practice manager informed us that a poster had been placed in the waiting area.

We looked at all five complaints received in the last 12 months and found that these had been satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learned from individual concerns and complaints. The practice had a complaints log which allowed for an analysis of trends. Action was taken as a result to improve the quality of care, although the practice did not formally record verbal complaints but staff told us they were dealt with as they occurred and referred to the practice manager. Following our inspection the practice manager submitted evidence of the form they had introduced to capture these.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a vision which was to provide a friendly and effective service and promote healthy lifestyles for patients. Staff were aware of this and understood their responsibilities in achieving it. The practice did not have a written strategy or supporting business plan to reflect the vision and values. Although they demonstrated an awareness of the challenges facing the practice, there was no written plan to show how these challenges could be addressed.

Governance arrangements

The practice had a governance framework, although the structures and procedures in place did not always ensure that good quality care was achieved. For example:

- the arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not always effective, such as Medicines and Healthcare products Regulatory Agency (MHRA) alerts, actions from Legionella testing and monitoring of blank prescriptions.
- The practice had not carried out appraisal for nurses or the practice manager, although staff did tell us that they could identify training and development needs at any time or provide feedback to the GPs.
- A comprehensive understanding of the performance of the practice was not always maintained. For example, there were no formal systems for cascading best practice guidance or reviewing and auditing records.
- Practice meetings were held monthly which showed discussion regarding QOF achievements and areas which needed addressing. There was an opportunity for staff to learn about the performance of the practice but there were omissions of learning points from some significant events and complaints and these were not always discussed with the team in a timely manner.
- There was evidence of some clinical audit but the practice would benefit from a continuous programme of audits relating to changes in NICE guidance, patient records or work of non-clinical staff.
- Lack of processes for the management of high risk meds

There was a clear staffing structure and staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas such as safeguarding and infection control.

Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.

Leadership and culture

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

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. From the sample of five documented examples we reviewed, we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, information and a verbal and written apology.
- The practice had not kept written records of verbal complaints but the practice manager confirmed following our inspection they had introduced a system to do this.

There was a leadership structure and staff felt supported by management.

- The practice held multi-disciplinary meetings including meetings with district nurses to monitor vulnerable patients. Minutes were not kept of these meetings and outcomes were put directly into the patient record. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns but kept no minutes of these meetings.
- Staff told us the practice held regular team meetings and we saw evidence of this.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were available for practice staff to view and were emailed to all staff. Staff we spoke with confirmed this.

Are services well-led?

Requires improvement 

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

- Staff we spoke with reported that they felt respected, valued and supported, particularly by the partners in the practice and the practice manager. They told us they were involved in discussions about the practice and received communication on a daily basis from the practice manager, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Seeking and acting on feedback from patients, the public and staff

The practice told us they encouraged and valued feedback from patients and staff and had in the past had an active Patient Participation Group (PPG). However, since moving to new premises the PPG had stopped meeting due to the proximity of the practice and personal circumstance of some members. The practice had held an open evening when they moved to the new premises to encourage patients to join the PPG but this had not been well attended and failed to increase the membership. Following this the practice manager established a virtual PPG and had a membership of eight patients who submitted any

suggestions online but no formal meetings were held. The practice continues to try to establish a PPG. We noted there was no information in the practice advertising the PPG but following our inspection the practice manager confirmed this had been addressed. The practice website provided information regarding the PPG and details of how to sign up to the virtual group. We spoke with a member of the previous PPG who told us the practice engaged with them and had made efforts to increase the membership but they had received no information in the last six months.

- There was a section on the practice website which allowed patients to feedback their views and comments regarding the service.
- The practice had an allocated member of staff who managed the NHS Friends and Family test which provided positive examples of patient satisfaction.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of patients who use services. In particular:</p> <p>The provider had not:</p> <ul style="list-style-type: none">Established a system and process to ensure Medicines and Healthcare products Regulatory Agency (MHRA) alerts had been received and that actions taken were recorded. <p>This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>There were no systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <p>They had not:</p> <ul style="list-style-type: none">Ensured that the shared care arrangements for GPs access the blood results of patients being prescribed high risk medicines were in place and working effectively.

Requirement notices

The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

They had not:

- Ensured appraisals were carried out for the practice manager and clinical staff.
- Ensured an induction process was established for locum GPs.

The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person had maintained securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities. In particular:

The had not:

- Ensured that staff files contained all relevant information to demonstrate the practice's recruitment process had been followed and complied with schedule 3

This was in breach of regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.