

Sky Blue Medical Group

Quality Report

Green Lane Medical Centre
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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

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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Sky Blue Medical Practice, Green Lane Medical Centre on 19 November 2015. The overall rating for this service is good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Learning from incidents was shared with staff at meetings relevant to their roles and responsibilities.
- Information was provided to help patients understand the care available to them. Patients told us they were treated kindly and respectfully by staff at the practice. Their treatment options were explained to them so they were involved in their care and decisions about their treatment.

- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff told us that training appropriate to their roles had been carried out.
- Information about how to complain was easy to understand and available in practice leaflets and on the practice website.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on. The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the Patient Participation Group (PPG).

However there are areas where improvements are needed.

The areas the provider **must** make improvements are:

- A suitable system and procedure must be in place for the management and stock control of all prescriptions.

Summary of findings

- A process must be in place to ensure appropriate checks have been carried out on locum GPs recruited by an agency to work at the practice.

The areas the provider **should** make improvements are:

- Ensure that training records accurately reflect current status for all staff.
- Ensure that all staff who chaperone are suitably trained for the role and that all required security checks have been carried out in line with the provider's own policy.

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.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.
- There was no suitable system and procedure in place for the management and stock control of all prescriptions.
- Although the practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, there was no process in place to ensure appropriate checks had been carried out for locum GPs.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data showed mixed results for patient outcomes when compared with results at both local and national levels. Action plans were in place with some actions taken to address these areas where underperformance had been identified.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits had been carried out in order to demonstrate quality improvement.
- There was evidence that some staff appraisals had been completed and arrangements were in place to ensure these were completed with all staff.
- Staff had the skills, knowledge and experience to deliver effective care and treatment, although staff training records were not up to date and did not reflect accurate training status for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data showed that patients rated the practice lower than others for several aspects of care. Action had been taken in response to the data to ensure patients' experiences of the practice improved.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- GP patient survey results for 2 July 2015 showed that patients' satisfaction with how they could access care and treatment was lower than local and national averages. The practice had implemented changes to address this feedback. They had installed a new telephone system with a queuing system so patients knew when their call would be answered. Patients gave positive views about the changes made to the appointments system. Patients told us that getting appointments and waiting times had improved and they could always see a GP if the appointment was urgent.
- Extended hours were available on Tuesdays to benefit patients unable to attend during the main part of the working day. Patients could also access appointments at the branch at Harnall Lane when the practice was closed.

Good



Are services well-led?

The practice is rated as good for being well-led.

- Significant changes had occurred during the past 18 months at the practice which included the retirement of two GPs, three GPs moving overseas and the absence of a practice manager for the last seven months. A full staffing review was completed

Good



Summary of findings

during 2014 and a staffing structure established relevant to the changed service. The practice became seven partners and one salaried GP. A practice manager was recruited and took up their new post with effect from 2 November 2015.

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff and management were enthusiastic, positive and forward thinking in regard to the future plans for the practice.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice had systems in place for knowing about notifiable safety incidents and encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on.

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 patients.

Good



- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- It was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs such as patients with dementia and those needing end of life care.
- The practice maintained a register of all patients in need of palliative care and offered home visits and rapid access appointments for those patients with complex healthcare needs.
- Flu vaccination rates for the over 65s were 78.71% which was higher than the national average of 73.24%. The rates for those groups considered to be at risk were 64.22% which was higher than the national average of 52.29%.

People with long term conditions

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

Good



- GPs and the practice nurses had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicine needs were being met.
- For those patients with the most complex needs, the GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The quality monitoring data (QOF) for 2014/2015 showed that the percentage of patients with hypertension (high blood pressure) having regular blood pressure tests was 85.96% which was higher than the national average of 83.11%.

Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Childhood immunisation rates were higher than the local Clinical Commissioning Group (CCG) averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening services that reflected the needs of this age group. The practice nurses had oversight for the management of a number of clinical areas, including immunisations, cervical cytology and some long term conditions.
- The practice offered extended hours on Tuesdays so that patients could access appointments around their working hours.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of patients whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and mental health concerns.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- It advised vulnerable patients about how to access various support groups and voluntary organisations.
- Staff told us they had received training and knew how to recognise signs of abuse in vulnerable adults and children who

Good



Summary of findings

were considered to be at risk of harm, although we were unable to see records to confirm this. Staff 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.

- Alerts were placed on these patients' records so that staff were aware they might need to be prioritised for appointments and offered additional attention such as longer appointments. Longer appointments were available and annual health checks were carried out for patients with a learning disability.

People experiencing poor mental health (including people with dementia)

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

- The proportion of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 83.61% which was in line with the national average of 83.82%.
- Patients with mental health concerns such as schizophrenia, bipolar affective disorder and other psychoses with agreed care plans in place were 91.2% which was higher than the national average of 86.04%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.
- The practice had advised patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed mixed results when compared with local and national averages. There were 342 surveys sent to patients and 107 responses which represented a response rate of 31.3%. Results showed that the practice scored higher/in line with national survey results in these areas:

- 94.8% of patients said the last appointment they got was convenient which was higher than the CCG average of 91% and a national average of 91.8%.

Results showed that the practice scored lower than the national survey results in these areas:

- 45.6% of patients found it easy to get through to this practice by phone which was much lower than the Clinical Commissioning Group (CCG) average of 73.5% and a national average of 73.3%.
- 70.4% of patients found the receptionists at this practice helpful which was lower than the CCG average of 85.7% and a national average of 86.8%.
- 82.7% of patients were able to get an appointment to see or speak to someone the last time they tried which was slightly lower than the CCG average of 83.7% and a national average of 85.2%.
- 54.8% of patients described their experience of making an appointment as good which was much lower than the CCG average of 71.4% and a national average of 73.3%.

- 46.1% of patients usually waited 15 minutes or less after their appointment time to be seen which was much lower than the CCG average of 60.4% and the national average of 64.8%.
- 43.2% of patients felt they did not normally have to wait too long to be seen which was lower than the CCG average of 54.7% and a national average of 57.7%.

The practice had taken action to improve access to appointments with the installation of a new telephone system and plans were in place to continue to monitor feedback so that improvements were achieved.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 53 comment cards, most of which were positive about the standard of care received. Patients commented that the practice staff were kind and helpful, that they always treated them with respect and that staff were friendly and efficient. Four patients commented that they often waited some time for their appointments and that they had not been told when the GPs were running late.

During the inspection we spoke with three patients. Two of the patients we spoke with were also members of the patient representative group (PPG). A PPG is a group of patients registered with the practice, who worked with the practice team to improve services and the quality of care. The patients we spoke with and the views expressed on the comment cards told us that patients received excellent care from the GPs and the nurses, and could always get an appointment when they needed one.

Areas for improvement

Action the service **MUST** take to improve

- A suitable system and procedure must be in place for the management and stock control of all prescriptions.
- A process must be in place to ensure appropriate checks have been carried out on locum GPs recruited by an agency to work at the practice.

Action the service **SHOULD** take to improve

- Ensure that training records accurately reflect current status for all staff.
- Ensure that all staff who chaperone are suitably trained for the role and that all required security checks have been carried out in line with the provider's own policy.

Sky Blue Medical Group

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP, a practice manager and a second CQC inspector.

Background to Sky Blue Medical Group

Green Lane Medical Centre is part of the Sky Blue Medical Group, located in Finham, a mainly residential part of the city of Coventry, in the West Midlands. It has seven GP partners (three males and four females) and a salaried GP operating from a purpose built building in Finham. There is also a branch surgery, Harnall Lane Medical Centre within the Group which was not included as part of this inspection. Green Lane Medical Centre provides primary medical services to patients in an urban area and has a larger number of patients between the ages of five to 18 years (approximately 15.4% to 19.5%) compared to the England average (approximately 11.4% to 14.8%) and lower numbers of patients aged 75 plus (5.4%) compared to the England average (7.6%).

The GPs are supported by a practice manager, a nurse practitioner, five practice nurses and administrative and reception staff who divide their time working across the Green Lane Medical Centre and the Harnall Lane Medical Centre. There were 17494 patients registered with the practice at the time of the inspection.

The practice had experienced some significant changes during the past 18 months which included the retirement of two GPs, three GPs moving overseas and the absence of a practice manager for the last seven months. A review of the service was carried out to determine a suitable staffing

structure for the changed service. The practice became seven partners and one salaried GP. A practice manager was recruited and took up their new post with effect from 2 November 2015.

The practice has a General Medical Services (GMS) contract with NHS England. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

Surgery times are:

- Monday from 8.30am to 5.30pm
- Tuesday from 7.30am to 8pm
- Wednesday from 8.30am to 5.30pm
- Thursdays from 8.30am to 1pm
- Friday from 8am to 5.30pm.

The practice is closed at weekends.

Extended hours appointments are available from 7.30am to 8.30am and 5.30pm to 8pm every Tuesday and 8am to 8.30am on most Friday mornings each week.

Home visits are also available for patients who are too ill to attend the practice for appointments. There is also an online service which allows patients to order repeat prescriptions and book appointments. Booking of appointments can also be made up to four weeks in advance.

The practice does not provide an out-of-hours service but has alternative arrangements in place for patients to be seen when the practice is closed. For example, if patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending on the circumstances. Information on the out-of-hours service is provided to patients and is available on the practice's website and in the patient practice leaflet.

The practice treats patients of all ages and provides a range of medical services. This includes disease management

Detailed findings

such as asthma, diabetes and heart disease. Other appointments are available for maternity care and family planning. Sky Blue Medical Group also provides minor surgery clinics for treatment such as the removal of skin lesions and ingrowing toe nails.

Sky Blue Medical Group is an approved training practice for doctors who wish to become GPs. A trainee GP is a qualified doctor who is training to become a GP through a period of working and training in a practice. Only approved training practices can employ trainee GPs and the practice must have at least one approved GP trainer.

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 was 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 (QOF) data, this relates to the most recent information available to the CQC at that time.

How we carried out this inspection

Before our inspection of Green Lane Medical Centre we reviewed a range of information we held about this practice and asked other organisations to share what they knew. We contacted NHS Coventry and Rugby Clinical Commissioning Group (CCG) and the NHS England area team to consider any information they held about the practice. We reviewed policies, procedures and other

information the practice provided before the inspection. We also supplied the practice with comment cards for patients to share their views and experiences of the practice.

We carried out an announced inspection on 19 November 2015. During our inspection we spoke with a range of staff that included two GPs, the practice manager, the reception manager, practice nurse, and reception and administration staff. We also looked at procedures and systems used by the practice. During the inspection we spoke with three patients, two of whom were representatives of the patient participation group (PPG). A PPG is a group of patients registered with the practice who worked with the practice team to improve services and the quality of care.

We observed how staff interacted with patients who visited the practice. We observed how patients were being cared for and talked with carers and/or family members. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

The practice had systems in place to ensure the safety of staff and patients.

- There was an open and transparent approach towards reporting and recording significant events. Staff were aware of their responsibility to raise concerns and knew how to report incidents and near misses. They told us they would inform the practice manager of any incidents that occurred. Incident reporting templates were available on the practice intranet, with different templates used for near misses and significant events. There was also an incident record book available for reception staff to log any incidents. These were discussed with the practice manager and GPs with changes made where applicable. The practice had carried out a review of significant events for the period January 2014 to June 2015. Fourteen incidents had been recorded for this period and we saw that action had been taken in response to these. This had included sharing information with other agencies where appropriate. The practice told us and records confirmed that where patients were affected by significant events they would inform them and apologise to them. Patients would also be told about actions the practice had taken to improve care. We saw that meetings had been held with patients to discuss incidents that concerned them, with letters of apologies sent following these meetings.
- We reviewed safety records, incident reports and minutes of meetings. The GPs told us that information and learning was shared with relevant staff to make sure action was taken to improve safety within the practice. We found however that there was a lack of evidence to demonstrate how this learning had been shared. For example, from the minutes of clinical meetings it was not clear how the practice had cascaded learning to staff and what changes (if any) had been made as a result of the learning. Staff we spoke with told us that where incidents had occurred information and learning had been shared with them.
- Safety was monitored using information from a range of sources, including best practice guidance from the National Institute for Health and Care Excellence (NICE) and local commissioners. NICE is the organisation

responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe, which included:

- Arrangements to safeguard adults and children from the risk of abuse were in place that reflected relevant legislation and local requirements. Staff told us that all policies were accessible to them. The policies clearly outlined who staff should contact for further guidance if they had any concerns about a patient's welfare. There was a lead member of staff for safeguarding concerns and staff we spoke with confirmed they knew who the lead was. The computer system highlighted those patients who were considered to be at risk of harm or who were on the vulnerable patient register.
- Staff demonstrated they understood their responsibilities although not all staff had received training relevant to their role. Confirmation that safeguarding training had been completed (August 2015) was available in two of the five staff records we looked at. We were unable to see evidence to confirm that higher level safeguarding training had been completed by the safeguarding lead GP. The practice manager told us that all individual training records were being updated.
- A notice was displayed in the waiting room and in treatment rooms advising patients that chaperones were available if required. There was a chaperone policy in place which had been reviewed April 2015. The chaperone policy was available to staff as hard copy and on the practice's computer. The policy clearly stated that all non clinical staff should be trained and disclosure and barring checks (DBS) carried out routinely. 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. Clinical staff we spoke with told us they had been trained to act as chaperones by the GPs. We found no evidence that reception staff who acted as chaperones were trained

Are services safe?

for the role or that they had received a DBS check. We were assured that only clinical staff would act as chaperones until the appropriate checks and training had been completed by non-clinical staff. Patients we spoke with confirmed they were aware of the chaperone facility and that there was a poster in the waiting room that offered this service.

- There were procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy in place and a risk assessment had been completed in September 2015. A health and safety poster was displayed in the staff room. All electrical equipment and clinical equipment was checked to ensure it was safe to use. We saw evidence that the last check had been carried out in April 2015. Staff confirmed these checks were carried out routinely. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection prevention and control (IPC) and legionella (a bacterium which can contaminate water systems in buildings). The practice had up to date fire risk assessments in place and a fire drill was carried out every six months. Staff explained to us what they were to do in the event of a fire alarm. Although some staff told us they had completed fire training we were unable to see records to confirm this.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be visibly clean and tidy. We saw that a cleaning audit had been done in November 2015. The audit had identified areas where cleaning had not been done satisfactorily such as dust on the pipework in the corner of the reception toilet. An action plan had been put in place to address all issues found. There was an infection control protocol in place but we were unable to determine that all staff had received regular up to date training. Regular infection control audits were carried out. For example, infection control audits had been completed in May 2014 and July 2015. Action had been taken to address issues identified, such as pedal bins for paper towel disposal in some treatment rooms and signage for clinical waste.
- There were suitable arrangements in place for managing medicines, including emergency medicines and vaccinations to ensure patients were kept safe. This included obtaining, prescribing, recording, handling,

storing and security of medicines. Regular medicine audits were carried out by the GP partners at the practice to ensure prescribing was in line with best practice guidance for safe prescribing. In November 2014 the practice achieved the Best Prescribing for Quality and Safety award from the clinical commissioning group (CCG). This award was in recognition of the reductions they had achieved in prescribing antibiotics and antipsychotic medicines.

- We checked to see that prescriptions were securely stored with systems in place to monitor their use. We found there was no system in place to control the management and stock of prescriptions. For example, we saw that blank prescriptions were left in the printers and that consultation rooms were not kept locked when no-one was in them. Staff confirmed that the prescriptions were not removed from the printers and secured at night or when the practice was closed.
- We looked at five staff files to see whether recruitment checks had been carried out in line with legal requirements. We found that most appropriate recruitment checks had been undertaken as required. For example, proof of identity, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. We found however that although the practice used an agency for the employment of locum GPs, the practice had no process in place to ensure appropriate checks had been carried out.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. The practice manager told us they were developing the rota system for different staff groups to ensure that enough staff were available each day and that periods of absence were suitably covered. Staff confirmed they would also cover for each other at holiday periods and at short notice when colleagues were unable to work due to sickness.

Arrangements to deal with emergencies and major incidents

We saw that the practice had a comprehensive emergency procedure policy in place. Staff had access to an instant messaging system on the computers in all of the consultation and treatment rooms which alerted other staff to any emergency. There were also panic alarms in reception should assistance be needed in the waiting area.

Are services safe?

- Staff we spoke with told us they had received annual basic life support training, although we were unable to see records to confirm this. Emergency medicines and equipment were available in the treatment room. A first aid kit and accident book was also available to all staff. Emergency medicines and oxygen were easily accessible to staff in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest (where the heart stops beating), a severe allergic reaction and low blood sugar. All the medicines we checked were in date and fit for use.
- A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Copies of the plan were kept in the reception area, on the practice's computer system

and the practice manager confirmed that they and the GPs kept a copy at home. Risks identified included power failure, loss of telephone system, loss of computer system, and loss of clinical supplies. The document also contained relevant contact details for staff to refer to which ensured the service would be maintained during any emergency or major incident. For example, details of local suppliers to contact in the event of failure, such as heating and water suppliers. We saw there was a procedure in place to protect computerised information and records in the event of a computer systems failure. The plan also included details of alternative accommodation so that continuation of service to patients was assured should the building become unavailable.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.

There were systems in place to ensure all clinical staff were kept up to date. Clinical staff had access to best practice guidance from NICE and used this information to develop how care and treatment was delivered to meet patients' needs. The practice monitored that these guidelines were followed through audits and random sample checks of patient records.

The GP partners responded to all alerts including NICE guidance received by the practice. This included carrying out patient searches and sharing recommendations where these were applicable with the clinical team. The GP partners gave us examples of changes that they had made to their practice in response to national guidance. This included for example, changes in recommended prescribed medicines for some long term conditions.

Management, monitoring and improving outcomes for patients

The practice participated in the Quality and Outcomes Framework (QOF). The QOF is a voluntary incentive scheme for GP practices in the UK intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results for the practice were 98.7% of the total number of points available, with 2.7% exception reporting. Exception reporting relates to patients on a specific clinical register who can be excluded from individual QOF indicators. For example, if a patient is unsuitable for treatment, is newly registered with the practice or is newly diagnosed with a condition.

Data from 2014/2015 showed:

- Performance for diabetes related indicators such as patients who had received an annual review including foot examinations was 93.52% which was higher than the national average of 88.35%.
- The percentage of patients with hypertension (high blood pressure) having regular blood pressure tests was 85.96% which was higher than the national average of 83.11%.
- Patients with mental health concerns such as schizophrenia, bipolar affective disorder and other psychoses with agreed care plans in place were 91.2% which was higher than the national average of 86.04%.
- The proportion of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 83.61% which was in line with the national average of 83.82%.

There was a system in place for completing clinical audits. Clinical audits are quality improvement processes that seek to improve patient care and outcomes through systematic review of care and the implementation of change. It included an assessment of clinical practice against best practice such as clinical guidance, to measure whether agreed standards were being achieved. The process required that recommendations and actions were taken where it was found that standards were not being met.

We saw that a range of audits had been completed. These showed that action had been taken and the audits had been repeated to monitor improvements. We saw audits for monitoring and treatment options for patients with diabetes. These audits were very detailed and showed regular annual monitoring of all aspects of diabetic patient care that had been given since 2001. For example, foot monitoring important to prevent complications had been done for all patients with a diabetes diagnosis. Results for 2014 showed 745 patients had been examined which was less than the practice had examined the previous year (763). One of the practices diabetic leads had left during 2014 and was considered to be part of the reason for this. The practice had improved the number of patients reviewed during 2015 and anticipated that the re-audit would demonstrate this.

An audit carried out for the month of May 2015 looked at patients who had been prescribed particular medicines for their condition over a period of 12 months or more. These patients were identified and checks carried out to

Are services effective?

(for example, treatment is effective)

determine whether they had attended for routine blood tests. The practice identified 226 patients and of those 69 patients had not had their blood tested. Letters were sent to all patients with explanations about the blood tests required. A re-audit of these patients was carried out four weeks later and 18 patients had responded and blood tests had been carried out. Follow up letters and telephone calls were planned for the patients who had not responded, and screen alerts added to patients' records so that opportunistic screening could be done. Regular audits were planned to ensure that all 69 patients originally identified were monitored. The practice had scheduled a full re-audit of all patients in May 2016.

The practice participated in applicable local audits, national benchmarking, accreditation, and peer review. Findings were used by the practice to improve services to patients. For example, an audit had recently been carried out when concerns about the provision of antenatal services had been raised. Data to show the demographics of the patients registered with the practice had been collated, particularly in relation to the number of births for their area. Data had shown a significant increase in births over the past three years, which the practice confirmed had highlighted the need for increased antenatal services.

The GPs each led in specialist clinical areas such as skin conditions, minor operations, diabetes, mental health and heart disease. The practice nurses supported this work, which allowed the practice to focus on the specific conditions. GPs attended educational meetings facilitated by the CCG, attended regular clinical skill update courses and engaged in annual appraisal and other educational support. GPs were encouraged by the practice to undertake advanced training in clinical or areas of special interest. For example, one GP had recently completed a dermatology course. One of the practice nurses had also completed a spirometry course so they could help diagnose various lung conditions, monitor existing conditions and measure lung function.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality. This was confirmed by the newly appointed staff we spoke with.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs, although the absence of a practice manager for most of 2014 meant that not all staff had completed appraisals and minutes of staff meetings had not always been fully documented. Some staff told us they had received an appraisal within the last 12 months. The practice manager told us that appraisals were planned for those staff who had yet to complete one.
- Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during sessions, meetings, appraisals, clinical supervision and facilitation. The practice held protected learning meetings one afternoon per month in which information sharing, skill development and learning took place.
- Staff we spoke with told us they received training that included safeguarding, fire procedures, basic life support and mental health awareness. Staff said they had access to and made use of e-learning training modules and in-house training during protected learning days. The staff training records had not been updated in the absence of a practice manager and we were unable to review the current training status of all staff at the time of the inspection.

Coordinating patient care and information sharing

Information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets was also available.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, when they were referred, or after they were discharged from hospital. We saw evidence that meetings were held regularly with link professionals such as health visitors, midwife and district nurses and that care plans were routinely reviewed and updated. For example, from minutes of meetings held throughout 2015 we saw that discussions included concerns about patients who needed end of life care and support.

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance.

- Clinical staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young patients assessments of capacity to consent were also carried out in line with relevant guidance. We saw evidence of written consent given by a patient in advance of minor surgery that confirmed this.
- Where a patient's mental capacity to consent to care or treatment was unclear the GPs or nurses assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The GPs and practice nurse understood the need to consider Gillick competence when providing care and treatment to young patients under 16. The Gillick test was used to help assess whether a child had the maturity to make their own decisions and understood the implications of those decisions.

Health promotion and prevention

The practice nurses or the health care assistant carried out health checks for all new patients registering with the practice, to patients who were 40 to 70 years of age and also some patients with long term conditions. The NHS health check programme was designed to identify patients at risk of developing diseases including heart and kidney disease, stroke and diabetes over the next 10 years. The GPs and practice nurse showed us how patients were followed up within two weeks if they had risk factors for disease identified at the health check and described how

they scheduled further investigations. The GPs and practice nurse told us they would also use their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, by promoting the benefits of childhood immunisations with parents or by carrying out opportunistic medicine reviews.

- The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 77.74% which was below the national average of 81.88%. The practice had worked to promote screening for patients although they told us they had found difficulty with some members of population groups who were reluctant to attend for cervical screening. The practice population was diverse and included refugees, immigrants and asylum seekers which accounted for 33.8% of the patient population. The practice continued to encourage its patients to attend national screening programmes for bowel and breast cancer screening as well as cervical screening.
- Childhood immunisation rates for the vaccinations given were higher than national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 84.0% to 100% and five year olds from 89.3% to 98.1% which compared with CCG rates of 30% to 100% and 93.1% to 98.4% respectively.
- Flu vaccination rates for the over 65s were 78.71% which was higher than the national average of 73.24%. The rates for those groups considered to be at risk were 64.22% which was higher than the national average of 52.29%.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We spent time talking with patients throughout the inspection and observed how staff engaged with them. All staff were polite, friendly and helpful to patients both attending at the reception desk and on the telephone. We observed that patients were treated with dignity and respect.

Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff told us that when patients wanted to discuss sensitive issues they would offer them a private room to discuss their needs. There was a poster in the waiting room which informed patients of this facility.

We received 53 comment cards and most of these were positive about the standard of care received by patients at the practice. Patients commented that the practice staff were very friendly and approachable; they were always treated with dignity and respect; that staff were efficient and caring; that staff were attentive; and that the service was of a high standard with GPs and nurses very knowledgeable and informative. Additional comments from five patients were less positive. Patients were unhappy about the lack of continuity in being able to see the same GP and the difficulty they had in getting an appointment.

We spoke with three patients and they confirmed the positive comments given in the comment cards. The patients we spoke with and the views expressed on the comment cards told us that patients received excellent care from the GPs and the nurses and could always get an appointment when they needed one.

Results from the national GP patient survey published 2 July 2015 showed that overall the practice scored lower than average results in relation to patients' experience of the practice and the satisfaction scores on consultations with GPs and nurses. For example:

- 75.7% of patients said the GP was good at listening to them which was lower than the Clinical Commissioning Group (CCG) average of 87.7% and national average of 88.6%.
- 71.8% of patients said the GP gave them enough time which was lower than the CCG average of 85.2% and national average of 86.6%.
- 91.2% of patients said they had confidence and trust in the last GP which was lower than the CCG average of 94.8% and higher than the national average of 95.2%.
- 77.4% of patients said the last GP they spoke to was good at treating them with care and concern which was lower than the CCG average of 83% and national average of 85.1%.
- 87.6% of patients said the last nurse they spoke to was good at treating them with care and concern which was lower than the CCG average of 91.1% and national average of 90.4%.
- 70.4% of patients said they found the receptionists at the practice helpful which was lower than the CCG average of 85.7% and national average of 86.8%.

The practice had reviewed the feedback from the patients' survey and had taken action to address areas where improvements were needed. The practice had employed a consultancy agency who carried out a full staff review over the past 12 months to gain staff feedback, ideas for improvements and establish team working in order to build effective and supportive working relationships. Staff told us they had found this a very useful process in which they were able to be honest about working conditions while making suggestions for improvements.

For example, a new telephone system had been installed with a queuing system so patients knew when their call would be answered. Patients gave positive views about the changes made to the appointments system. We received 53 comment cards and spoke with three patients all of whom were mainly positive about the improved access to and the availability of appointments at the practice. Patients told us that getting appointments and waiting times had improved and they could always see a GP if the appointment was urgent.

Care planning and involvement in decisions about care and treatment

Patients told us that health issues were discussed with them and they felt involved in decision making about the

Are services caring?

care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patients confirmed they were involved in making appointments with the hospital and that they were encouraged to choose which hospital they preferred to attend. Patients commented that they felt well cared for. We saw that care plans were in place for patients with a learning disability, patients diagnosed with asthma, dementia and mental health concerns.

Results from the national GP patient published on 2 July 2015 survey showed that most patients had responded negatively to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 76.5% of patients said the last GP they saw was good at explaining tests and treatments which was lower than the CCG average of 84.7% and national average of 86%.
- 69.2% of patients said the last GP they saw was good at involving them in decisions about their care which was lower than the CCG average of 78.6% and national average of 81.4%.

The practice told us they had been through a very difficult time this past year with the retirement and resignation of GPs from the practice, which meant they had increasingly relied upon locum GPs to support them to provide services for patients. The practice had successfully recruited GP partners and roles and responsibilities for services provided were developed. The practice expected that these changes would show significant improvements in patients' experiences and feedback from survey results for the 2015/2016 year.

GPs demonstrated knowledge regarding best interest decisions for patients who lacked capacity. They told us that they always encouraged patients to make their own decisions and obtained their agreement for any treatment or intervention even if they were with a carer or relative. The nurse told us that if they had concerns about a patient's ability to understand or consent to treatment, they would ask their GP to review them.

The practice was able to evidence joint working arrangements with other appropriate agencies and

professionals. We saw minutes of multidisciplinary meetings held to discuss patients' palliative care and end of life needs. The meetings were attended by district nurses, palliative care nurses, practice manager, lead GPs and the practice nurse.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

There were notices and leaflets available in the patient waiting room which explained to patients how to access a number of support groups and organisations.

The practice's computer system alerted the GPs if a patient was also a carer. There was a practice register of all patients who were carers and the practice supported these patients by offering health checks and referral for social services support where this was considered appropriate. Written information was available for carers to ensure they understood the various avenues of support available to them, and weekly clinics run by the CCG were held on the practice premises.

Staff told us that if families had experienced bereavement the designated GP telephoned them and often visited to offer support and information about sources of help and advice. Leaflets giving support group contact details were also available to patients in the waiting room.

Feedback from patients showed that they were positive about the emotional support provided by the practice. We saw comments from a patient on NHS choices website who had been very upset and described how staff had calmed them, cared for them in a very professional and thorough way. The patient had commented that staff were amazing. Patients we spoke with told us that all staff were very kind, patient and caring.

Minutes of multi-disciplinary meetings showed that professionals involved were proactive in supporting older patients, patients experiencing poor mental health and families at risk of isolation to receive both practical and emotional support when needed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We found the practice was responsive to patients' needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs of patients.

The practice had a larger number of patients between the ages of five to 18 years (approximately 15.4% to 19.5%) compared to the England average (approximately 11.4% to 14.8%) and lower numbers of patients aged 75 plus (5.4%) compared to the England average (7.6%).

The practice took part in regular meetings with NHS England and worked with the local clinical commissioning group (CCG) to plan services and to improve outcomes for patients in the area.

Services were planned and delivered to take into account the needs of different patient groups to ensure flexibility, choice and continuity of care. For example:

- Urgent access appointments were available for children and those with serious medical conditions. GPs told us that urgent appointments were available every day and confirmed that patients would always be seen.
- A dedicated telephone line was available for those patients who were at risk of hospital admission so they had urgent access to a GP.
- GPs made home visits to patients whose health or mobility prevented them from attending the practice for appointments.
- Longer appointments were available for patients with specific needs or long term conditions such as patients with a learning disability and patients with drug or alcohol related health problems.
- Extended hours appointments were available from 7.30am to 8.30am and 5.30pm to 8pm on a Tuesday and 8am to 8.30am on most Friday mornings each week.
- On-line services were available for appointments, repeat prescriptions and patient access to their notes.
- A daily triage system facilitated by a GP was in place to discuss minor concerns with patients such as test results and medicine requests. This system enabled working patients to have discussions with GPs without needing to take time off work to attend appointments.

- Facilities were available for patients with disabilities which included a hearing loop for patients with hearing impairments. Staff told us that alerts were placed on the records of patients with visual impairments so that they were aware of patients' needs. For example, staff told us they were vigilant when sending letters to patients with sight impairments and would also telephone them to discuss the content of the letter with them.
- Translation services were available to patients should they need this and interpreters could be booked in advance of appointments.
- Annual reviews were carried out with patients who had long term conditions such as diabetes and lung diseases, for patients with learning disabilities, and for those patients who had mental health problems including dementia.
- Regular multidisciplinary meetings were held with key partners to support patients with their palliative care needs. The practice worked with a number of agencies such as midwives, health visitors, community matron, district nursing team, smoking cessation team, counsellor and voluntary agencies to meet the varied needs of patients.
- The practice offered routine ante natal clinics, childhood immunisations, travel vaccinations, and cervical smears.
- A minor surgery service was provided by the practice which included the removal of skin lesions and ingrowing toe nails.

Access to the service

The practice was open on Monday from 8.30am to 5.30pm, Tuesday from 7.30am to 8pm, Wednesday from 8.30am to 5.30pm, Thursdays from 8.30am to 1pm and Friday from 8am to 5.30pm. Home visits were available for patients who were too ill to attend the practice for appointments. When this practice was closed patients were able to attend appointments at the branch in Harnall Lane.

The practice treated patients of all ages and provided a range of medical services. This included a number of disease management clinics such as asthma, diabetes and heart disease.

The practice did not provide an out-of-hours service but had alternative arrangements in place for patients to be seen when the practice was closed. If patients called the practice when it was closed, an answerphone message

Are services responsive to people's needs?

(for example, to feedback?)

gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients and was available on the practice's website.

Comprehensive information was available to patients about appointments on the practice website. This included details on how to arrange urgent appointments, home visits and order repeat prescriptions. Booking of appointments could be made up to four weeks in advance. Patients also had online access to their notes although only a small number of patients (250) had registered to access these. GPs told us that patients who accessed their notes had found this to be beneficial and encouraged them to be more involved in their health care. Email interaction with GPs for simple queries or information about test results was also available for patients.

Results from the national GP patient survey published 2 July 2015 showed that patients' satisfaction with how they could access care and treatment was lower than local and national averages. For example:

- 45.6% of patients said they could get through easily to the surgery by phone which was much lower than the CCG average of 73.5% and national average of 73.3%.
- 54.8% of patients described their experience of making an appointment as good which was much lower than the CCG average of 71.4% and national average of 73.3%.
- 46.1% of patients said they usually waited 15 minutes or less after their appointment time which was much lower than the CCG average of 60.4% and national average of 64.8%.
- 69% of patients said they were satisfied with the opening hours which was lower than the CCG and national averages of 75%.

We saw that action had been taken following discussion with the patient participation group (PPG) to address the feedback from the survey results. A PPG is a group of patients registered with a practice who work with the

practice to improve services and the quality of care. This included the installation of a new telephone system that enabled more calls to be handled with a queuing system so patients knew when their call would be answered. Patients gave positive views about the changes made to the appointments system. We received 53 comment cards and spoke with three patients all of whom were mainly positive about the improved access to and the availability of appointments at the practice. Patients told us that getting appointments and waiting times had improved and they could always see a GP if the appointment was urgent.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated GP who was responsible for handling all complaints received by the practice.

We found that there was an open and transparent approach towards complaints. Accessible information was provided to help patients understand the complaints system on the practice's website and in a complaints leaflet available at the practice. Patients told us that they were aware of the process to follow should they wish to make a complaint, although none of the patients we spoke with or who completed comment cards had needed to make a complaint.

We saw that annual reviews of complaints had been carried out to identify themes or trends. We looked at the review for the period January 2015 to October 2015. We saw that 20 complaints had been received during this time. We found these had been dealt with promptly with responses to and outcomes of the complaints clearly recorded. Staff told us that learning from complaints was shared with staff at team meetings, which usually took place on the afternoon allocated for protected learning time.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had experienced some significant changes during the past 18 months which saw the retirement of two GPs, three GPs moving overseas and the absence of a practice manager for the last seven months.

The practice appointed a Human Resources (HR) consultancy firm who carried out a full staffing review during 2014 to establish a staffing structure for the changed service. The practice became seven partners and one salaried GP. A practice manager was recruited and took up their new post with effect from 2 November 2015.

The practice aimed to become a coherent and supportive team with a vision on how they intended to develop the service for the benefit of their patients. They told us their aims were to provide patients with courteous, expedient, professional medical and nursing care of a high quality. The practice stated in their statement of purpose that they always aimed to improve and provide the service patients wanted, at the right time and in the right place.

Governance arrangements

The practice had a governance framework in place that supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- The practice had revised their staffing structure to ensure that staff were aware of their own roles and responsibilities. Staff we spoke with confirmed this.
- Practice specific policies were implemented and were available to all staff.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements to the services provided by the practice.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The GPs and practice manager were visible in the practice and staff told us that they were approachable. Staff told us that they had seen improvements to the management of the practice in the short time the newly

appointed practice manager had been in post. Staff spoke positively with us about the progress and told us they were enthusiastic about the changes and improvements being introduced.

We found the practice to be open and transparent and prepared to learn from incidents and near misses. There was a clear leadership structure in place and staff told us they felt supported by management.

- Staff told us that the practice held team meetings although they had not been held as regularly during the past 18 months. Staff were optimistic this would improve with the new practice manager in post.
- Staff told us that there was an open culture within the practice. They told us they had the opportunity to raise any issues, were confident in doing so and felt they would be supported if they did.
- Staff said they felt respected, valued and supported by GPs in the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care.

The practice told us they previously had an excellent working relationship with the PPG and this was confirmed by the members we spoke with. Due to the difficulties of the past 18 months meetings had not been held as regularly as previously. The newly appointed practice manager told us they looked to re-establish the meetings as soon as possible to gain patients' perspectives to help with the ongoing improvements and development of the services provided.

We looked at the last PPG report which had considered the results of the patient survey for 2014/2015 and some of the actions that had been planned. The survey results showed that the practice had scored below CCG and national averages for satisfaction with access to appointments, opening times and with patients knowing how to contact an out of hours GP service. The practice had taken action to improve patients' experiences. In June 2015 a new phone

Are services well-led?

Good 

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

system was installed. This enabled up to 18 patients to be held in a queue, to be aware where they were in the queue and how long they needed to wait to speak to a receptionist. The website had been updated and provided patients with information about how to contact the out of hours service. Additionally, when the practice was closed a telephone message gave patients the telephone number to contact and posters were displayed at both sites to explain how patients should access this service.

The practice had also gathered feedback from staff through the HR consultancy review that had been carried out last year, feedback from staff meetings, appraisals and discussion. Staff told us they would feedback and discuss any concerns or issues with colleagues and the practice manager. Staff told us the GPs encouraged them to identify opportunities to improve the service delivered by the practice.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Maternity and midwifery services	Safe care and treatment
Surgical procedures	12.
Treatment of disease, disorder or injury	<ol style="list-style-type: none">1. Care and treatment must be provided in a safe way for service users.2. Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include—<ul style="list-style-type: none">(c) ensuring that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely;(g) the proper and safe management of medicines; <ul style="list-style-type: none">• There was no process in place to ensure appropriate checks were carried out on locum GPs recruited by an agency to work at the practice. The practice had not carried out checks so they could be assured that locums had the appropriate qualifications, competence and skills.• There was no suitable system and procedure in place for the management and stock control of all prescriptions to ensure these were stored securely at all times and that all prescriptions could be accounted for.