

# Salters Meadow Health Centre

## 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

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	12
Areas for improvement	12

### Detailed findings from this inspection

Our inspection team	14
Background to Salters Meadow Health Centre	14
Why we carried out this inspection	14
How we carried out this inspection	14
Detailed findings	16
Action we have told the provider to take	28

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Salters Meadow Health Centre on 25 February 2015, the overall rating was Good. The practice was rated as requires improvement for providing well led services and good for providing safe, effective, caring and responsive services. The inspection report can be found by selecting the 'all reports' link for Salters Meadow Health Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We took action against Salters Meadow Health Centre by issuing a requirement notice in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 (good governance).

This was an unannounced comprehensive inspection on 12 June 2017 carried out to check that improvements had been made (it is policy that if not re-inspected within 12 months, we carry out a comprehensive inspection to re-rate the practice). Overall the practice is now rated as good.

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

- There was an open and transparent approach to safety and there had been significant improvements in reporting and recording significant events.
- The practice had some systems to reduce risks to patient and staff safety. However further strengthening was required in the following:
  - Regular fire evacuation drills were not completed.
  - Improve signage to advise patients on the availability of chaperones.
  - Recruitment checks on staff employed were incomplete.
  - The system for managing alerts to minimise risk to the safety of patients and staff did not include a check to ensure actions required had been completed.
  - Safeguarding systems for adults and children.
  - There had been no assessment on which emergency medicines should be carried as routine when performing home visits.

# Summary of findings

- There was a system for managing repeat medicines. However this did not comply with nationally recognised guidelines for accepting medicines requests by telephone.
- Staff were aware of clinical guidelines for providing treatment. However there was no systematic approach to ensure treatment was carried out in line with current evidence based guidance.
- Patients with long term conditions were effectively managed using the Quality and Outcomes Framework. However there was no system to invite elderly patients and patients with learning disabilities for annual health checks.
- Clinical staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment. However there was no formal system to review nurse/patient consultation and prescribing records to ensure the competence and safety of nurses employed to work at the practice were in place.
- The provider had a training programme that included all staff. We saw that mandatory training requirements for non-clinical staff had been completed or planned.
- Results from the national GP patient survey published in July 2016 generally showed above average scores when patients were asked if they were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns. Verbal complaints were not always recorded or collated therefore missed opportunities to further improve care. At this inspection we were told by patients and staff that the availability of appointments was becoming a common cause for complaint.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff spoke positively about the support from the GP partners and management team.
- The practice proactively sought feedback from staff and patients, which it acted on.

Importantly, the practice must:

- Complete regular fire evacuation drills.
- Improve safeguarding systems for adults and children.
- Review the system for managing alerts to include a check that appropriate action has been taken.
- Revise the policy for accepting repeat medicine requests by telephone.
- Ensure all appropriate recruitment checks are carried out on staff and implement processes to demonstrate that the physical and mental health of newly appointed staff have been considered to ensure they are suitable to carry out the requirements of the role.
- Complete a risk assessment to determine which medicines should be routinely carried when performing home visits.

The areas where the provider should make improvement are:

- Implement a structured approach to invite elderly patients for annual health checks.
- Implement a formal system to review nurse/patient consultation and prescribing records to ensure the competence and safety of nurses employed to work at the practice were in place.
- Consider additional signage to advise patients on the availability of chaperones.
- Implement a system to monitor adherence to clinical guidelines.
- Complete regular appraisals for all staff to include identification of training needs additional to the mandatory courses.
- Review the process for recording verbal complaints to allow trends to be identified and actioned.
- Consider a review of the current clinical rota pattern in to include capacity planning.
- Consider introducing a call/recall system to invite patients on the learning disability register for annual health checks.

**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.

Requires improvement



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety in the practice.
- There was a system in place to receive and cascade patient safety and medicine alerts to appropriate staff. However, the system did not include any review to ensure that appropriate action had been taken.
- The provider had not carried out regular fire evacuation drills. At the inspection we were told that these would now be completed.
- Staff demonstrated that they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role. Children with protection plans were highlighted on the clinical system but there was no alert placed on the records of the parents and siblings of children with a child protection plan in place. There were no alerts on the records of adult patients with safeguarding concerns.
- A sign in the waiting area advised patients of a chaperone service. However the signage was not prominent.
- Medicines were stored securely and were all found to be in date.
- Prescriptions forms and pads were securely stored and an effective system that tracked their usage minimised the risk of fraud.
- Repeat medicine requests were accepted by telephone from all patients, this was contrary to guidelines issued by The General Medical Council.
- There was no formal system to review nurse/patient consultation and prescribing records to ensure the competence and safety of nurses employed to work at the practice were in place.
- Some recruitment checks had been made before a member of staff was employed to work at the practice but we found gaps and there had been no assessment of the physical or mental health of staff employed.

# Summary of findings

- The practice had adequate arrangements to respond to emergencies and major incidents. Emergency medicines required for home visits were assessed by individual visit request but no risk assessment had been carried out to determine the medicines to be carried.

## Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from 2015/16 for Quality and Outcomes Framework showed that the provider's overall performance was above local and national averages. Non-validated data for 2016/17 highlighted that this performance had been sustained.
- Staff were aware of current evidence based guidance. However, the practice had no system to monitor that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- An audit programme was in place and repeated cycles were planned to demonstrate quality improvement.
- Training records for clinical staff showed that they had the skills and knowledge to deliver effective care and treatment.
- The practice had an induction programme for all newly appointed staff and a mandatory training programme for all staff that covered information governance, basic life support, fire safety and safeguarding.
- There was evidence of appraisals and personal development plans for clinical staff. Administration staff had been given mandatory training but had not had an appraisal in the last 12 months and did not have personal development plans.
- 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 including the out of hours service, district nursing and integrated local care teams.
- Cancer screening data was comparable with local and national averages. There were systems in place to follow up non-attenders.
- Childhood immunisation uptake rates were above the national expected uptake rates.
- The practice carried out monthly reviews for those patients who received palliative care.
- There was no systematic approach to invite elderly patients and those patients with learning disabilities for annual health checks.

# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey published in July 2016 showed patients rated the practice above the local and national practice averages for most aspects of care.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 153 patients as carers (1.3% of the practice list). Annual flu immunisation was offered to carers but there was no call/recall system to invite carers in for annual health checks.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. However, there were a number of areas that had not been identified. These included the prioritising of home visits and the completion of annual health checks on patients with learning disabilities.
- 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 feedback on the appointment system was mixed. Additional clinical staff had been recruited, and further recruitment was planned aimed at increasing the number of appointments available. However, there was no evidence of capacity planning to establish the levels of clinical cover required.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Parking was an ongoing problem but the property and surrounding area was not owned by the practice.
- Information about how to complain was available and evidence from the four examples we viewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff. However there was no systematic approach to record and act on verbal complaints.

Good



## Are services well-led?

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

Good



# Summary of findings

- The practice did not have a written business plan or set of objectives. However quality improvement meetings were held quarterly.
- There was a clear leadership structure and staff felt supported by the management. Staff said that the GPs and management team were approachable and listened to ideas and concerns raised by individual staff members.
- The practice had written policies and procedures to govern activity. Staff were aware of where they were located and we saw that the policies were governing activity.
- An overarching governance framework included regular clinical, business, administrative and nurse team meetings.
- Newly appointed staff had received inductions and there were opportunities for all staff to attend regular staff meetings. However not all staff had received an appraisal in the last 12 months.
- The provider was aware of the requirements of the duty of candour. However administration staff were not familiar with the legislation.
- A culture of openness and transparency was encouraged in the practice. The practice had systems in place to manage notifiable safety incidents, share the information with staff and ensure appropriate action was taken.
- The practice proactively sought feedback from patients and we saw examples where feedback had been acted on. The practice engaged effectively with the patient participation group.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- Patients aged 75 years or over had a named GP.
- Elderly patient health checks were provided but there was no call/recall system to invite them to attend for annual health checks.
- 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. For example, the advance nurse practitioner would visit elderly patients in their homes to administer flu vaccinations.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice followed up older patients discharged from hospital and liaised with GPs and district nursing staff so that patients' care plans were updated to reflect any extra needs.
- The practice identified older patients who needed 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.

Good



### People with long term conditions

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

- Patients at risk of hospital admission were identified as a priority.
- 91% of patients with chronic obstructive pulmonary disease (COPD) had had a review undertaken including an assessment of breathlessness using a recognised scale in the preceding 12 months. This was the same as the CCG average and comparable to the national average of 90%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol was within recommended limits, was 91%. This was comparable to the CCG and national averages of 80%. However the exception reporting rate of 18% was higher than the CCG and national averages of 13% meaning fewer patients had been included.

Good





# Summary of findings

- 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 was a system to recall patients with long term conditions for a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice hosted a specialist clinic for patients with diabetes.

## Families, children and young people

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

- There were systems and procedures in place to safeguard children from the risk of abuse. Alerts were placed on patient records to make staff aware of children who had a child protection plan in place. However, there was no alert in place to inform staff of the parents or siblings of children with a child protection plan in place.
- Immunisation rates were relatively high for all standard childhood immunisations.
- 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 development clinics.
- On the day appointments were available for children.
- There was a system in place to follow up children who did not attend (DNA) for hospital appointments.
- A contraception service was offered and condoms were available free of charge from the practice.
- Access was available to male and female clinicians on request.

Good



## 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 this population group had been identified and the practice had adjusted the services it offered to respond to patients' needs. Appointments outside of core working hours were available at the practice and telephone consultations were available for working age people.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

Good



# Summary of findings

- The provider offered NHS Healthchecks and had completed 1,584 out of an eligible population of 2,021 in the last five years.

## 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.

- The practice held a register of patients living in vulnerable circumstances including carers and those with a learning disability. There was a register of 39 patients with learning disabilities but the practice had no patient call/recall system to invite these patients for annual health checks. No health checks had been completed in 2016/17.
- 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 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.
- A translation service was available and a hearing loop was available at the reception desk.
- The building had disabled facilities which included automated entrance doors to the building.

Requires improvement



## 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 practice had identified a similar percentage of their patients as having dementia (0.8%) when compared to the national average (0.8%).
- The practice carried out advance care planning for patients living with dementia.
- The practice hosted an in-house clinic from a counsellor for minor mental health conditions.

Good



# Summary of findings

- 84% of patients diagnosed with dementia had a care plan in place that had been reviewed in a face-to-face review in the preceding 12 months. This was lower than the Clinical Commissioning Group (CCG) average of 88% but the same as the national average.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 89% of patients with a diagnosed mental health condition had a comprehensive, agreed care plan documented in their record, in the preceding 12 months. This was the same as the CCG and national averages. However the exception reporting rate of 22% was higher than the CCG average of 16% and national average of 13% meaning fewer patients had been included.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Staff were aware of where to refer patients for supporting services. For example, the early intervention team for patients who experienced psychotic symptoms.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.

# Summary of findings

## What people who use the service say

The national GP patient survey results most recently published in July 2016 provided data on individual practices.

The data for Salters Meadow Health Centre showed the practice overall performance was comparable with or higher than local and national averages. A total of 239 survey forms were distributed and 129 were returned. This represented a return rate of 54% equivalent to 1% of the patient list size.

- 87% of patients described their overall experience of this GP practice as good compared with the Clinical Commissioning Group (CCG) average of 87% and the national average of 85%.
- 77% of patients described their experience of making an appointment as good compared with the CCG average of 74% and the national average of 73%.
- 74% 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 82% and the national average of 78%.

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 35 comment cards which were overall positive about the standard of care received. Patients told us staff were respectful, caring, and helpful and treated them with dignity and respect. Eight patients commented that the availability of appointments was an issue and four mentioned problems with car parking.

During the inspection we spoke with two patients, one of which was also a member of the virtual Patient Participation Group (PPG). They told us that they received a high level of care but highlighted that access to appointments had become an issue.

Results from the friends and family test for March and April 2017, showed 80% of patients said they were extremely likely or likely to recommend the practice to friends and family. Positive comments were made on the quality of care received. Negative comments showed a trend of problems with the appointment system.

## Areas for improvement

### Action the service MUST take to improve

Importantly, the practice must:

- Complete regular fire evacuation drills.
- Improve safeguarding systems for adults and children.
- Review the system for managing alerts to include a check that appropriate action has been taken.
- Revise the policy for accepting repeat medicine requests by telephone.
- Ensure all appropriate recruitment checks are carried out on staff and implement processes to demonstrate that the physical and mental health of newly appointed staff have been considered to ensure they are suitable to carry out the requirements of the role.

- Complete a risk assessment to determine which medicines should be routinely carried when performing home visits.

### Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- Implement a structured approach to invite elderly patients for annual health checks.
- Implement a formal system to review nurse/patient consultation and prescribing records to ensure the competence and safety of nurses employed to work at the practice were in place.
- Consider additional signage to advise patients on the availability of chaperones.

# Summary of findings

- Implement a system to monitor adherence to clinical guidelines.
- Complete regular appraisals for all staff to include identification of training needs additional to the mandatory courses.
- Review the process for recording verbal complaints to allow trends to be identified and actioned.
- Consider a review of the current clinical rota pattern in to include capacity planning.
- Consider introducing a call/recall system to invite patients on the learning disability register for annual health checks.

# Salters Meadow Health Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist advisor.

## Background to Salters Meadow Health Centre

Salters Meadow Health Centre is located in the centre of Chase Terrace, close to Burntwood, Staffordshire. The practice provides services to people living in the surrounding towns and villages. The practice holds a General Medical Services (GMS) contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract.

Salters Meadow Health Centre is a purpose built building owned by NHS Properties. Rooms are situated on the ground floor of the building and consist of a reception area, treatment rooms and consultation rooms. The practice has level access from the car park and is accessible for wheelchair users; there are disabled and baby changing facilities.

The practice area is one of lower deprivation when compared with the national and local Clinical Commissioning Group (CCG) area. At the time of our inspection the practice had 11,700 patients.

Demographically the population is 98% white British with the remaining patients being Asian and mixed race. The practice age distribution shows a higher number of elderly

patients when compared to the national and CCG area in all age groups. For example, 27% of the patients are aged 65 and over compared to the CCG average of 21% and the national average of 17%. This may mean that there is an increased demand on services provided. The percentage of patients with a long-standing health condition is 57% which is comparable with the local CCG average of 55% and national average of 53%.

Two GP partners have recently retired (although retained on a part time basis as salaried GPs) and a third party left the practice. A new senior partner is in place, an additional GP partner has been recruited and a new salary GP appointed.

The practice staffing comprises of:

- Three full time GP partners (two male, one female).
- Three salaried GPs (two male, one female) 1.4 whole time equivalent (WTE).
- A full time advanced nurse practitioner (ANP).
- Three practice nurses (2 WTE).
- A phlebotomist (0.5 WTE).
- A practice manager, deputy practice manager and office manager.
- Two medical secretaries (1 WTE)
- Administrative staff working a range of hours (9.5 WTE).

The practice was open between 8am and 6.30pm Monday to Friday. Appointments are available between 8.10am and 10.50am in the morning and between 2.30pm to 5.20pm each afternoon. In addition, urgent same day appointments are added to morning and afternoon surgeries. Telephone consultations are available at the GP's discretion but not as routine. Appointments can be pre-booked up to four weeks in advance and urgent appointments are made available for those that needed

# Detailed findings

them. The practice has opted out of providing cover to patients in the out-of-hours period. During this time services are provided by Staffordshire Doctors Urgent Care, patients accessed this service by calling NHS 111. An online facility to book appointments and request repeat prescriptions is available to those patients who had registered to use the service.

## Why we carried out this inspection

We carried out an announced comprehensive inspection of Salters Meadow Health Centre on 25 February 2015, the overall rating was Good. The practice was rated as Requires Improvement for providing well led services and good for providing safe, effective, caring and responsive services. The inspection report can be found by selecting the 'all reports' link for Salters Meadow Health Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We took action against Salters Meadow Health Centre by issuing a requirement notice in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 (good governance).

This was an unannounced comprehensive inspection on 12 June 2017. Overall the practice is now rated as good.

## How we carried out this inspection

Before the inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We carried out an announced comprehensive inspection on 12 June 2017. During our inspection we:

- Spoke with a range of staff including the GP partners, the lead nurse practitioner, practice nurses, the phlebotomist, a medicines optimisation pharmacist (employed by South East Staffs and Seisdon Clinical Commissioning Group) and administrative staff. We also spoke with two patients.
- Observed how patients were being cared for.
- Reviewed an anonymised 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.

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 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

The practice operated an effective system to report and record significant events.

- Staff knew their individual responsibility, and the process, for reporting significant events.
- We reviewed a sample of two significant events raised in the last 12 months and found that they had been thoroughly investigated. When required, action had been taken to minimise reoccurrence and learning had been shared within the practice team to improve processes to prevent the same thing happening again.
- We reviewed safety records, minutes of meetings and asked staff about the measures in place within the practice to promote patient safety. We saw that significant events were discussed as a standing item within practice business and practice clinical meetings, or sooner if required.
- The practice also monitored trends in significant events and evaluated any action taken. A culture to encourage duty of candour was evident through the significant event reporting process. Duty of Candour is a legislative requirement for providers of health and social care services to set out some specific requirements that must be followed when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing information and an apology when things go wrong.

The practice had a process in place to act on alerts that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). Following an alert being received the practice checked to ensure that patients were not affected by the medicines or equipment involved. Alerts were communicated at clinical meetings and there was an audit trail that showed they had been sent by email to each clinician. We saw that searches had been carried out on patients affected by alerts. However, the system did not include any review to ensure that appropriate action had been taken.

### Overview of safety systems and processes

The practice had systems in place to minimise risks to patient safety. However we found some aspects that required improvements to minimise the risk to patients and staff:

- Arrangements were in place to safeguard children from the risk of abuse. These arrangements reflected relevant legislation and local requirements. Arrangements were in place to safeguard vulnerable adults from the risk of abuse. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Policies were accessible to all staff and staff knew where to find them. There was a lead member of staff for safeguarding.
- Alerts were placed on patient records to make staff aware of children who had a child protection plan in place. However alerts were not in place to inform staff of the parents or siblings of children with a child protection plan in place. The practice had identified adult patients with safeguarding concerns but there was no alert on their records to inform staff.
- Staff demonstrated they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three and the GPs provided safeguarding reports where necessary for other agencies. Systems to follow up children who failed to attend for hospital appointments were in place.
- A notice in the waiting room (but not in consultation rooms) advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role (nurses always used) 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.

- We observed the premises to be clean and tidy. There were cleaning schedules in place and the cleaning contract was carried out by a third party.
- The nurse manager was appointed as infection prevention and control (IPC) clinical lead. There was an IPC protocol, regular IPC audits and most staff had



## Are services safe?

received up to date training. An action plan was put in place following the most recent IPC audit and most actions had been completed to address any improvements identified.

- There was a system in place for checking the expiry date of items such as syringes, dressings and dressing packs. All items checked were securely stored and within their expiry date.
- It was the responsibility of the visiting GP to take their own equipment and any medicines required having triaged the visit request. Emergency medicines required for home visits were assessed but no risk assessment had been carried out to determine which medicines should be carried as routine.

Most arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. We checked three patients on lithium and three patients on methotrexate. All were monitored regularly within the recommended time frames.
- Prescription forms and pads were securely stored and there was a system in place for tracking the use of prescription pads throughout the practice.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. One of the practice nurses had qualified as an independent prescriber and could therefore prescribe medicines for clinical conditions within their expertise. Nurses had access to the on call GP at all times to discuss any prescribing issues and we saw evidence in a patient's record that this had taken place. There was an informal system in place to review nurse/patient consultation records or audit their practice to monitor the safety of their prescribing.
- The practice did not hold stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse).

- The temperatures of the medicines fridges were monitored. The thermometers had the facility to record minimum and maximum temperatures.

However, there was one exception where the systems did not minimise the risk to patient safety:

- The provider accepted repeat prescription requests by telephone. This was contrary to guidelines from The General Medical Council (GMC) that state telephone requests should only be accepted when the patient cannot access the surgery or the online service (it is considered a safety issue as requests may be misheard).
- We reviewed four personnel files and found some recruitment checks had been undertaken prior to employment for permanent staff. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. All clinical staff and staff that acted as chaperones had received a DBS check. We saw that there were a number of gaps in the files; we found one member of staff had no proof of identity in their file and two clinical staff members had no record of their immunisations. The recruitment checks did not include any processes to demonstrate that the physical and mental health of newly appointed staff have been considered to ensure they are suitable to carry out the requirements of the role.

### Monitoring risks to patients

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

- The practice had an up to date fire risk assessment, however regular fire drills had not been carried out. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- 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 control of

## Are services safe?

substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- 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. However no capacity planning had been completed to evaluate the requirements.

### **Arrangements to deal with emergencies and major incidents**

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Staff had received annual basic life support training.
- The practice had emergency equipment which included an automated external defibrillator (AED), (which provides an electric shock to stabilise a life threatening heart rhythm), oxygen with adult and children's masks and pulse oximeters (to measure the level of oxygen in a patient's bloodstream).
- Emergency medicines were available and were stored securely. All the medicines we checked were in date.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and copies were held off site.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The GP we spoke with was aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. We saw that:

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- However, the practice had no system to monitor that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The nurses completed templates that were based on nationally recognised guidelines that included the British Thoracic Society (BTS) guideline on the management of asthma.

### 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 for 2015/16 showed the practice had achieved 99% of the total number of points available compared with the Clinical Commissioning Group (CCG) average of 96% and national average of 95%. Their clinical exception rate was 16% which was higher than the CCG and the national rates of 10%. 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.

Data from 2015/16 showed:

- 89% of patients with a diagnosed mental health condition had a comprehensive, agreed care plan documented in their record, in the preceding 12 months. This was the same as the CCG and national

averages. Their exception reporting rate of 22% was higher than the CCG average of 16% and national average of 13% meaning fewer patients had been included.

- 84% of patients diagnosed with dementia had a care plan in place that had been reviewed in a face-to-face review in the preceding 12 months. This was lower than the CCG average of 88% and the same as the national average of 84%. Their exception reporting rate of 2% was lower than the CCG average of 4% and national average of 7% meaning more patients had been included.
- 72% of patients with asthma, on the register, had an asthma review in the preceding 12 months that included an assessment of asthma control. This was lower than the CCG average of 77% and the national average of 76%. The exception reporting rate of 19% was above the CCG average of 10% and national average of 8%.
- 91% of patients with chronic obstructive pulmonary disease (COPD) had had a review undertaken including an assessment of breathlessness using a recognised scale in the preceding 12 months. This was the same as the CCG average of 91% and comparable with the national average of 90%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol was within recommended limits, was 91%. This was higher than the CCG and national averages, both 80%. Their exception reporting rate of 18% was higher than the CCG and national averages, both 13%, meaning fewer patients had been included.

We looked at details in the diabetes register. The practice explained that the high exception reporting rates was due to increased documentation of patient refusal to have additional medicine and exception reporting those patients on maximum medicine. Non validated data for 2016/17 indicated that the overall clinical exception rate had reduced.

We reviewed two clinical audits commenced in the last year that had been carried out by the practice. The provider told us they planned to repeat the audits to monitor improvements against the initial data collection. For example, an audit in May 2017 of patients in residential care homes having bone protection medication. Initial data

# Are services effective?

(for example, treatment is effective)

showed that 20% of 95 patients were on bone protection medication. These patients had been placed on a register and were monitored when visits took place. It was too early to see improvements.

The nurses were involved in clinical audits. These included an audit of patients who have had their spleen removed who should have pneumococcal vaccination every five years. An initial audit in 2016 showed that of six patients, two had not received a vaccine. These patients were recalled and vaccinated and a recall system had been set up to recall these patients within five years of the last vaccination.

## Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. A new member of staff we spoke with was positive about the induction programme and felt supported by their line manager.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, long term conditions such as diabetes and high blood pressure monitoring.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific 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 discussion at practice meetings.
- The learning needs of clinical staff was identified through a system of appraisals, meetings and reviews of practice development needs. Administration staff had access to electronic training but there had been no assessment of their learning needs beyond the mandatory training (Information governance, basic life support, fire safety and safeguarding).
- Nursing staff had been appraised annually and received informal ad hoc support from GPs. However there was

no formal system to review nurse/patient consultation and prescribing records to ensure the competence and safety of nurses employed to work at the practice were in place.

- There had been no appraisal for administration staff in the last 12 months. The practice manager told us these were planned but not scheduled for 2017.
- Staff 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. Training had been completed or planned.

## 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.
- We found that the practice shared relevant information with other services in a timely way. For example, when referring patients to other services and sharing information about patients nearing the end of their life with the out of hours service.

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. 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.

## 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, including the Mental Capacity Act 2005.
- 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.

# Are services effective?

(for example, treatment is effective)

- We saw that written consent was recorded in the patient's notes, for example, when receiving a vaccination.

## Supporting patients to live healthier lives

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, carers, those at risk of developing a long-term condition and those who had recently suffered bereavement.
- The practice had identified their most frail and older patients and those with complex needs. The practice carried out monthly reviews for this group of patients, and their carers, to reduce avoidable hospital admissions and attendances to A&E.
- Literature available in the waiting area signposted patients to services offered in the community, For example, a support service for adults experiencing poor mental health and a specialist disability support service for adults and children.

The practice's uptake for the cervical screening programme was 77%, which was comparable with the CCG average of 82% and the national average of 81%. The practice also encouraged its patients to attend national screening

programmes for bowel and breast cancer screening. For example, 74% of eligible women aged 50-70 years had been screened for breast cancer in last 36 months. This was the same as the CCG average and comparable with the national average of 73%. Sixty per cent of eligible persons aged 60-69 years had been screened for bowel cancer in last 30 months. This was comparable the CCG average of 61% and the national average of 58%. The practice were aware of the performance and nurses had systems in place to follow up on non-attenders.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Data from NHS England experimental statistics 2015/16 showed uptake rates for the vaccines given were above CCG and national expected coverage for vaccinations. For example, childhood immunisation rates for children two years ranged from 93% to 100% (national expected coverage of vaccinations was 90%). The practice nurses followed up children who failed to attend for their immunisations.

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. 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.
- Patients could be treated by a clinician of the same sex.

We received 35 comment cards which included mixed comments about the standard of care received. In 20 out of the 35 cards, patients told us staff were sympathetic, respectful, caring, helpful and treated them with dignity and respect. Eight of the comments cards contained negative comments on the appointment system and four patients commented that the car parking was a problem.

We spoke with a member of the Patient Participation Group (PPG) who was also patient at the practice. They told us that they had personally experienced a high standard of care was.

Results from the national GP patient survey published in July 2016 scored the practice similar to local and national averages for its satisfaction scores on consultations with GPs. For example:

- 90% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) and national averages of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG and national averages of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.

The responses from patients were similar to local and national averages when asked about the nursing staff. For example:

- 93% of patients said the nurse was good at listening to them compared with the CCG average of 92% and the national average of 91%.
- 95% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.

Results from the national GP patient survey published in July 2016 showed patients scored the practice in line with local and national averages for its satisfaction scores on the helpfulness of the reception staff:

- 81% of patients said they found the receptionists at the practice helpful compared with the CCG average of 88% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

Results from the national GP patient survey published in July 2016 showed patients felt the GP involved them in planning and making decisions about their care and treatment. Results were similar to local and national averages. For example:

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG and national averages of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.

The patients' responses were similar to local and national averages when asked about the nursing staff. For example:

- 88% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG national averages of 90%.

## Are services caring?

- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG national averages of 85%.

The practice provided facilities to help patients be involved in decisions about their care. For example, a service to support patients whose first language was not English was available and each site had a hearing loop for patients with a hearing impairment. We saw that personalised care plans were in place for those patients at increased risk of hospital admission.

### **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. The provider offered support to isolated or house-bound patients included signposting to relevant support and volunteer services on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 153 patients as carers (1.3% of the practice list). Written information was available to direct carers to the various avenues of support available to them such as the Carers Association for South Staffordshire (CASS). Carers were invited for annual flu vaccinations but there was no recall system to invite them for an annual health check.

Notification was placed on the system in the case of a death so all staff were made aware. An electronic system was used to keep a register and inform other healthcare providers including hospitals and the community nursing team. This was updated as soon as the practice had been notified. We were told that GPs normally contacted the families in some cases to offer support. Information leaflets for a local bereavement counselling service were available in the waiting area (CRUSE).

# 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:

- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The practice had access to an acute visiting service (AVS). Referrals could be made into the AVS following a GP review of each individual request.
- 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. Multi-disciplinary meetings were held monthly at the practice to provide co-ordinated care for these patients. The practice had systems in place to alert the out of hours service if they had any concerns regarding a patient receiving end of life care.
- Same day appointments were available for children and those patients identified as the most vulnerable patients registered with the practice.
- The GPs worked in partnership with the health visiting service, to provide routine child development checks and immunisations.
- There were accessible facilities, which included a hearing loop, and interpretation services. The entrance doors were automatically operated.
- Parking was an ongoing problem and cause for patient dissatisfaction. However the property and surrounding area was not owned by the practice. Some steps had been taken by the practice to try and improve the situation, for example; the local Member of Parliament (MP) had been contacted.

However, there were a number of areas where the practice had not identified the needs of patients:

- There were 39 patients registered with the practice who had a learning disability. There was no systematic patient call and recall system to invite these patients for an annual health check. No health checks had been carried out in 2016/17.

- We saw that some steps were taken to prioritise home visit requests, for example; one of the GPs called the patient once a request for a visit had been made to assess the needs. However, the practice did not have a cohesive approach to prioritising home visit requests.
- There was no systematic approach to call elderly patients in for annual health checks.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were available between 8.10am and 10.50am in the morning and between 2.30pm to 5.20pm each afternoon. In addition, urgent same day appointments are added to morning and afternoon surgeries. Telephone consultations were available at the GP's discretion but not as routine. Appointments could be pre-booked up to four weeks in advance and urgent appointments were available for those that needed them. The practice had opted out of providing cover to patients in the out-of-hours period. During this time services were provided by Staffordshire Doctors Urgent Care, patients accessed this service by calling NHS 111. Online access to book appointments and order repeat prescriptions was available to those patients who had registered to use the service.

Results from the national GP patient survey published in July 2016 showed that patient's satisfaction with how they could access care and treatment was generally higher than local and national averages.

- 80% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 78% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and the national average of 73%.
- 86% 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 national averages of 85%.
- 97% of patients said their last appointment was convenient compared with the CCG and national averages of 92%.
- 77% of patients described their experience of making an appointment as good compared with the CCG average of 74% and the national average of 73%.



# Are services responsive to people's needs?

## (for example, to feedback?)

- 68% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 63% and the national average of 58%.

The provider was going through a period of change following the retirement of two GP partners and the loss of a third partner through emigration. In addition, two of the practice nurses were on long term leave and a phlebotomist had left. Recruitment of two additional full time GP partners was in progress and the appointment of a new practice nurse and phlebotomist had taken place. The provider told us that the provision of clinical cover in the last 12 months had been difficult and staff were working additional sessions to try and cover any shortfall. Delays in the processing of paperwork had also been experienced by patients as the practice prioritised the workload according to the clinical need. The practice management team believed that once the recruitment was completed, access to appointments would improve. However there was no evidence of capacity planning to establish that the level of clinical cover was sufficient to meet patient demand.

### **Listening and learning from concerns and complaints**

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.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system on the practice website, in the practice leaflet and in a dedicated complaints leaflet.

The practice had a written policy for handling complaints and a nominated individual to manage the complaints process. The practice had received 13 complaints in the last 12 months. We looked at a summary of these complaints and found they were satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. For example, there was a complaint regarding the failure of a GP to sign in when visiting a nursing home. An internal message was sent to all GPs to remind them of the nursing home protocol for visitors.

However, there was no systematic approach to recording or escalating verbal complaints so that an analysis of trends could be carried out or an individual verbal complaint followed up when appropriate.

# Are services well-led?

Good 

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

## Our findings

At our previous inspection on 25 February 2015, we rated the practice as requires improvement for providing well-led services as the systems in place for assessing and monitoring service provision were not always robust to ensure all risks were appropriately managed. Whilst clinical audits had been completed, we did not see evidence of an ongoing audit programme to promote continuous improvements to patient care. There was no evidence to support that governance meetings were held. Minutes of meetings in general were poorly documented and lacked detail. Agendas and minutes were not available for all meetings.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 12 June 2017. The practice is now rated as good for being well-led.

### Vision and strategy

The practice had no clear aims and objectives and had no written business plan. Discussions had taken place around the short-term objectives of recruitment but there was no evidence of long-term planning.

- The provider has prioritised stabilisation following the change in GP partners. The provider told us that they have prioritised the short term needs with patient safety, recruitment and access the priorities.
- The practice used social media and a patient noticeboard in the waiting area to improve the interface with patients.
- The provider was an accredited training practice for GP registrars and foundation doctors. The practice planned to secure a placement for a training GP in 2017.

### Governance arrangements

We saw that the practice had taken action following our February 2015 inspection to establish an overarching governance framework to support the delivery of safe and good quality care. The new governance framework included:

- Fortnightly practice business meetings.
- Fortnightly clinical meetings.
- Monthly MDT meetings
- Quarterly quality improvement meetings.

- Quarterly Practice meetings (admin staff and management).
- Quarterly nurse team meetings.
- Protected learning time every month.

These meetings were minuted and staff told us that the minutes were circulated to those unable to attend. Agendas were sent out in advance and standing agenda items included significant events, safeguarding and clinical alerts.

In addition, at this inspection we found that:

- There were arrangements for identifying, recording and managing risks and issues.
- Significant events and written complaints were appropriately recorded, investigated and learning from them shared with staff. The minutes of meetings we reviewed demonstrated that significant events and complaints were standard agenda items allowing lessons learnt to be shared with staff.
- Regular infection control audits had been completed and an action plan implemented.
- A programme of clinical and internal audit was used to monitor quality and to make improvements. Second cycles had been planned to demonstrate the changes made had improved outcomes for patients.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- The practice held quality improvement meetings. These were attended by the GP partners and focussed on improvements to the quality of care provided. For example, the implementation of a pro-active approach to reviewing nursing home patients on bone protection medication that included screening for vitamin D levels.

However, we found some areas where the governance required improvements:

- There was no systematic approach to the implementation of actions which resulted from clinical alerts.
- Recruitment checks on staff employed were incomplete and regular staff appraisals had not been completed on non-clinical staff members.

### Leadership and culture

# Are services well-led?

Good 

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

All of the GP partners we spoke with were positive about the working relationships formed following the changes. Staff told us the partners were approachable and took the time to listen to all members of staff.

The provider was aware of 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). Non-clinical staff told us the GP partners encouraged a culture of openness and honesty. However, they were not aware of their legal requirements under the duty of candour. From the sample of significant events and complaints 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 or written apology.
- The practice kept written records of verbal interactions as well as written correspondence. However there was no systematic approach to ensure that verbal interactions had been actioned when appropriate.
- There was support provided to nursing staff, for example the nursing team held monthly clinical meetings and were encouraged to attend the monthly multidisciplinary team meetings. The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and community matrons to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.

- Regular practice meetings held covered all staff groups. Staff spoke positively about these meetings and said that information was communicated in a timely manner.
- 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 comprehensive and were available for practice staff to view.
- Staff said they felt respected and valued and. Staff were involved in discussions about how to run and develop the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through the virtual patient participation group (PPG).
- Through surveys such as the GP national patient survey and complaints received.
- The NHS Friends and Family test.
- Staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- Patient feedback through the NHS Choices website.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  The provider did not comply with assessing the risks to the health and safety of service users of receiving the care or treatment by doing all that is reasonably practicable to mitigate any such risks;  The provider must: <ul style="list-style-type: none"><li>• Complete regular fire evacuation drills.</li><li>• Revise the policy for accepting repeat medication requests by telephone.</li><li>• Ensure all appropriate recruitment checks are carried out on staff to include an assessment of the physical and mental health of newly appointed staff.</li><li>• Complete a risk assessment to determine which medicines should be routinely carried when performing home visits.</li></ul>