

# Windmill Surgery

## Quality Report

Windmill Surgery  
Longford Primary Care 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?		Good	
Are services effective?		Requires improvement	
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 Windmill Surgery on 7 November 2016. Overall the practice is 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 a system in place for reporting and recording significant events.
- Staff understood their responsibilities to raise concerns and to report incidents and near misses. The practice had a formal system in place for the on-going monitoring of significant events, incidents and accidents.
- Arrangements were in place to ensure that risks to staff and patients were assessed and managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. However there was no systematic process to check that guidelines had been followed.
- The practice had completed some administrative audits but there was no programme of clinical audits in place to monitor quality and make improvements.
- The practice invested in staff development and training.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.

# Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by the management.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

There was an outstanding feature for the responsive care of people whose circumstances may make them vulnerable. The provider was proactive and extensive in its care of vulnerable patients providing support beyond the services commissioned:

- There was a system to allow rapid access to a GP for the most vulnerable patients.
- The practice reception staff supported 29 patients from a travelling community with essential daily tasks made difficult by literacy problems.
- The practice provided a hub for patients who had experienced domestic violence.

There were areas of practice where the provider must make improvements. The provider must ensure that audit and governance systems remain effective:

- Implement an effective system to manage patients with long-term conditions ensuring that regular reviews are undertaken.

- Ensure written consent is gained and kept in the patient's notes when administering joint injections.
- Implement a programme of internal audits that monitor safety and drives improvement within the practice. This should encompass the implementation of clinical guidelines.

There were areas of practice where the provider should make improvements:

- Ensure all patients on repeat medications receive regular reviews.
- Ensure that the physical and mental health of all newly appointed staff have been considered to ensure they are suitable to carry out the requirements of the role.
- Improve the management of alerts such as those from the Medicines and Healthcare products Regulatory Agency (MHRA) by ensuring appropriate actions have been taken to minimise risk to patients and staff.
- Ensure infection prevention control audits are carried out in accordance with nationally recognised guidelines.
- Review the systems for information sharing to consider how it can be more accessible.

**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 good for providing safe services:

Good



- There was an effective system in place for reporting and recording significant events.
- Records of clinical and significant event meetings demonstrated that incidents were fully discussed.
- When there were unintended or unexpected safety incidents, patients received reasonable support, relevant information and an apology. Patients were told about any actions to improve processes to prevent the same thing happening again.
- There was a system for receiving and acting on clinical and patient alerts although this system was not fully effective in ensuring actions had been completed.
- The practice had clearly defined and embedded systems and practices in place to keep patients safe and safeguarded from the risk of abuse.
- Patients who required ongoing monitoring had been systematically checked. For example, patients on repeat medication had received regular reviews. Shared care agreements for high risk medicines were in place and monitoring was carried out.
- There was an appointed lead for health and safety and a comprehensive assessment of risks to patients and staff. The practice carried out annual health and safety audits and had completed risk assessments. There was a recorded log of all risks which included review dates. The health and safety lead had completed additional training specific to the role.
- The provider had an infection prevention control protocol (IPC) and provided staff training in IPC. Annual audits were carried out but nationally recognised guidelines were not always followed.
- The provider carried out the appropriate recruitment checks with the exception of a health screening to ensure that the physical and mental health of all newly appointed staff had been considered to ensure they were suitable to carry out the requirements of the role.

### Are services effective?

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

Requires improvement



# Summary of findings

- Data from the Quality and Outcomes Framework (QOF) for 2015/16 showed that the overall achievement of 84% of the available points was below average when compared to the locality average of 94% and the national average of 95%.
- The practice clinical exception rate of 7.7% was comparable with the local CCG average of 8.5% and the national average of 9.8%. (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.)
- Staff were aware of current evidence based guidance to deliver care but there was no system in place to check they were being followed.
- The practice had completed some administrative audits but there was no programme in place to use clinical audits to monitor quality and make improvements.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. However the patient call and recall system was not effective and some patients with long-term conditions were not being regularly reviewed.
- There was evidence of staff appraisals and personal development plans for all staff. The staff training programme was comprehensive.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs. For example, the practice held meetings with the professionals involved in the care of patients receiving palliative care.
- Some arrangements were in place to gain patients' informed consent to their care and treatment. However written consent was not recorded on the records of patients who received joint injections.
- Patients were supported to access services to promote them living healthier lives.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey results, published in July 2016, showed patients rated the practice similar to others for most aspects of care.
- Patients told us and were seen to be treated with dignity and respect and they were involved in decisions about their care and treatment. Systems were in place to protect patient confidentiality.

Good



# Summary of findings

- Arrangements were in place to ensure that patients and carers received appropriate and effective support. This included young carers. There was a notice board for carers in the waiting area.
- The practice held a carers' register and systems were in place which identified patients who also acted as carers. Carers identified were invited for annual health checks and immunisation against flu.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- 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.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day. The practice offered extended hours through the federation it was a member of.
- Telephone appointments were available to working patients.
- 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. The practice had responded quickly when issues were raised. Learning from complaints was shared with staff.

Good



## Are services well-led?

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

- The provider had a vision to deliver high quality care patient centred care. Staff were aware of the vision and their responsibilities in relation to this.
- The provider had a business development plan that addressed future challenges such as succession planning and capacity.
- There was a clear leadership structure and staff felt supported by the management and their colleagues. However the practice did not have an effective system for sharing information and making information accessible to appropriate staff.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There were arrangements for identifying, recording and managing risks but the process for managing alerts did not include a review to check that implementation of mitigating actions ensured that patients and staff were protected from the risk of harm.

Good



# Summary of findings

- The health and safety policies and protocols were comprehensive and well managed.
- The provider was aware of and complied with the requirements of the Duty of Candour. The GP partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was a virtual 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.

Good



- The practice offered personalised care to meet the needs of the older people in its population and provided a service to a care home that housed elderly patients in need of short term respite care.
- The practice offered GP and nurse home visits to older people who were housebound only. For example to perform heart monitoring and diabetic foot checks.
- Flexible appointments were available for older patients.
- All patients aged 75 and over were offered a health check including blood tests.
- Practice staff used their knowledge of different languages to assist elderly patients from a minority background (mainly South Asian) to come in for checks and be signposted to community services or activities such as day care.
- The practice had regular meetings with the Integrated Neighbourhood Team, a group of health and social care professionals over 60 years of age who helped with the care of the frail and elderly.

### People with long term conditions

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

Requires improvement



- The management of long term conditions was led by one of the GP partners and supported by the practice nurses employed by the practice who had their own specialisms.
- There was no effective patient call/recall system in place resulting in patients diagnosed with a long-term condition not being reviewed regularly.
- Patients had been identified who were at higher risk of hospital admission and were proactively managed using written care plans and regular discussions with other healthcare professionals.
- The practice Quality and Outcomes Framework (QOF) for the care of patients with long-term conditions was below the local and national averages. For example the practice performance for diabetes related clinical indicators was lower than the local Clinical Commissioning Group and England average (69% compared to the local and the national average of 90%).



# Summary of findings

- Longer appointments were available when needed and home visits made to patients who were housebound or too ill to attend the practice.
- The GP and practice nurses worked with relevant healthcare professionals to deliver a multidisciplinary package of care to patients with complex needs.
- All newly diagnosed diabetic patients and patients with poorly controlled diabetes were provided a diabetic education programme.

## Families, children and young people

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

- 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 did not attend hospital appointments. The provider liaised with both health visitors and school nurses.
- Immunisation uptake rates for standard childhood immunisations were similar to the local clinical commissioning group (CCG) and national averages.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals. Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered contraceptive services and signposted patients to a community sexual health clinic.
- The practice's uptake for the cervical screening programme was 76%, which was comparable to the national average of 82%.

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 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 offered extended opening hours through membership of GP Alliance (a federation of local GP practices that provided extended hours appointments from three local hubs) and the appointment telephone line was easily accessible to patients who worked during the day.

Good



# Summary of findings

- 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.

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of 45 patients with a learning disability. All were invited for annual health checks and 22 checks had been carried out in the last 12 months. The practice engaged in awareness training with nurses from the Community Learning Disability Team.
- Staff had been trained to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. For example the Coventry Rape and Sexual Abuse –counselling and advocacy (CRASAC).
- Staff told us of a number of patients from the travelling community with literacy problems who were helped to make and reminded of appointments to avoid a deterioration in their health. We saw that 29 patients from a local travelling community official site were supported by visits, translating of hospital letters and chasing up hospital appointments by reception staff and supporting in general areas such as making payments when cash was not accepted.
- Flexible appointments were offered to patients with learning disabilities. This included home visits for those unable to attend the surgery.
- We saw evidence of the practice supporting victims of domestic violence by providing a hub for them to discuss their problems. For example providing the practice address to be used by vulnerable patients likely to be rehoused.
- Vulnerable patients were categorised into category one and category two. Category one patients had immediate access to a GP. A GP was informed of communication from category two patients to give advice on the most appropriate action.

## 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).

Good



# Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of people who experienced poor mental health, including those with dementia.
- The practice held a register of patients who experienced poor mental health. Clinical data for the year 2015/16 showed that 40% of patients on the practice register who experienced poor mental health had a comprehensive agreed care plan. This was significantly lower than the CCG average of 86% and national average of 89%.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. For example, the Child and Adolescent Mental Health Team (CAMHS).
- The percentage of patients diagnosed with dementia, whose care had been reviewed in a face to face review in the preceding 12 months was 73%, which was below the CCG average of 81% and the national average of 84%. The exception reporting rate was nil compared to the CCG average of 6.3% and the national average of 6.8% meaning more patients had been seen.
- There were a number of examples of where the reception team supported patients with mental health problems. For example, one wheelchair repair, injections delivered to the surgery, patient with anxiety problems.

# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2016 showed the practice was generally performing in line with local and national averages. A total of 365 surveys (6.9% of the patient list) were sent out and 106 responses were received, a completion rate of 29% which is equivalent to 2% of the patient list. For example:

- 85% of the patients who responded said they found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group (CCG) average and national average of 73%.
- 83% of the patients who responded said they were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 83% of the patients who responded described the overall experience of their GP surgery as fairly good or very good (CCG average 84%, national average 85%).
- 75% of the patients who responded said they would definitely or probably recommend their GP surgery to someone who had just moved to the local area (CCG average 75%, national average 78%).

- 96% of the patients who responded said they found the receptionists at this practice helpful (CCG average 86%, national average 87%).

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 ten comment cards which were all positive. Patients said the practice was caring, they received an excellent service. The practice had a virtual patient participation group (PPG). PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services. They told us that they were satisfied with the care provided by the practice.

The practice monitored the results of the friends and family test monthly. The results over a twelve month period (April 2015 to March 2016) showed that 98% of respondents said they were extremely likely or likely to recommend the surgery to family and friends.

## Areas for improvement

### Action the service **MUST** take to improve

There were areas of practice where the provider must make improvements. The provider must ensure that audit and governance systems remain effective:

- Implement an effective system to manage patients with long-term conditions ensuring that regular reviews are undertaken.
- Ensure written consent is gained and kept in the patient's notes when administering joint injections.
- Implement a programme of internal audits that monitor safety and drives improvement within the practice. This should encompass the implementation of clinical guidelines.

### Action the service **SHOULD** take to improve

There were areas of practice where the provider should make improvements:

- Ensure all patients on repeat medications receive regular reviews.
- Ensure that the physical and mental health of all newly appointed staff have been considered to ensure they are suitable to carry out the requirements of the role.
- Improve the management of alerts such as those from the Medicines and Healthcare products Regulatory Agency (MHRA) by ensuring appropriate actions have been taken to minimise risk to patients and staff.
- Ensure infection prevention control audits are carried out in accordance with nationally recognised guidelines.
- Review the systems for information sharing to consider how it can be more accessible.

# Summary of findings

## Outstanding practice

There was an outstanding feature for the responsive care of people whose circumstances may make them vulnerable. The provider was proactive and extensive in its care of vulnerable patients providing support beyond the services commissioned:

- There was a system to allow rapid access to a GP for the most vulnerable patients.
- The practice reception staff supported 29 patients from a travelling community with essential daily tasks made difficult by literacy problems.
- The practice provided a hub for patients who had experienced domestic violence.

# Windmill Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Windmill Surgery

Windmill Surgery is registered with the Care Quality Commission (CQC) as a partnership of three with a senior GP partner and two other GP partners. The practice was established in 1992 and is located in the outskirts of Coventry city centre having moved in 2006 from the original premises in Windmill Road to purpose built premises. The practice has good transport links for patients travelling by public transport and has parking facilities for staff and patients. The practice is situated within the Longford Primary Care Centre, a joint healthcare facility that houses three GP practices and community services. The practice is situated on both the ground floor and second floor of the building and there is a lift for staff use. The provider has dedicated rooms within the premises that included three GP consulting rooms. There are two treatment rooms, all on the ground floor and the practice manager's office on the second floor. There is level access to the building and doors to the building are automated. All areas within the practice are accessible by patients who use a wheelchair or parents with a pushchair.

The practice team consists of three partners, two male, one female. The partners are supported by one regular locum GP (female) working a combined 22 sessions per week. The nursing team consists of two specialist practice nurses (working a combined number of hours equal to 1.4 whole

time equivalent). Clinical staff are supported by a full time practice manager, a business manager and five administration/reception staff. In addition to the GP partners, there are a total of nine staff employed either full or part time hours to meet the needs of patients.

The practice is open every week day between 8.45am and 6.30pm. Appointments are available from 9am to 12.30pm and from 2pm to 6.30pm each week day except for on a Thursday when the last appointment is 3pm with an on call service provided by the practice until 6.30pm. The practice does offer extended hours each week day from 6.30pm to 9.30pm and on Saturday and Sunday mornings from 9am to 12 noon. The practice does not provide an out-of-hours service to its patients but has alternative arrangements for patients to be seen when the practice is closed. Patients are directed to the out of hours service via the NHS 111 service.

The practice has a General Medical Services contract with NHS England to provide medical services to approximately 5,300 patients. It provides Directed Enhanced Services, such as the childhood immunisations, asthma and diabetic reviews. Separately the practice provided a number of services that included joint injections and learning disability health checks. The practice demographics show a higher percentage of younger patients when compared to national averages, for example the proportion of patients aged under 18 is 31% compared to the national average of 21%. The proportion of patients aged 65 and over is 7% compared to the national average of 17%. The income deprivation affecting children was 28% which was higher than the national average of 20%. The level of income deprivation affecting older people was 29% which was higher than the national average of 16%.

# Detailed findings

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, 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 inspection on 7 November 2016.

During our visit we:

- Spoke with a range of staff including GPs, nursing team, practice manager, administration staff and collected comment cards from ten patients who used the service.
- Observed how patients were being cared for.

- 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

There was an open and transparent approach to learning and a computerised system was in place for reporting and recording significant events. Staff told us they would inform the practice manager and or the partners of any incidents to ensure appropriate action was taken. Records we looked at showed that eight significant events, both clinical and operational had occurred between October 2015 and September 2016. The events were categorised to identify any trends. One of the events related to an unexpected death. The incident was investigated and findings highlighted that the cause of death was not clear, however there was some learning as the patient had been referred to the Mental Health Crisis Team based in A&E. The learning was that referrals into the team should only be made by the GP.

We found that significant event records were maintained and systems put in place prevented further occurrence. Significant event records were clearly documented at the time they were reported on the significant event forms or electronic messages were used to report significant events. Action points were recorded and staff informed at practice meetings. Documentation available demonstrated that any lessons learnt and action taken had been shared with staff and remedial action had been taken. Ongoing monitoring was demonstrated by minutes of meetings where actions taken were reviewed. Significant events were a standing agenda item at practice meetings and clinical meetings. Staff completed an incident recording form which supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We found that when there were unintended or unexpected safety incidents, patients received reasonable support, relevant information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

The practice manager was responsible for disseminating safety alerts and there were systems in place to ensure they were received in the practice manager's absence. Alerts were screened and when appropriate, logged and forwarded to the appropriate practice staff. Hard copies of alerts were printed off, circulated and appropriate staff

initialled to evidence that they had been read. Non-clinical alerts were disseminated to the administration team. For example, we were told that non-registered patients trying to access medication was communicated by email to the reception staff. The practice manager was able to give an example of a Medicines and Healthcare products Regulatory Agency (MHRA) alert for a hormone used to control glucose levels in the blood issued on 6th September, 2016. The practice manager had actioned the alert appropriately, a search had been run and no patients had been identified but there was one in stock that there was no evidence to say that it had been checked and some of the clinical staff we spoke with were not aware of the alert.

### Overview of safety systems and processes

Arrangements were in place to safeguard adults and children from the risk of abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. A GP partner carried out the lead role for safeguarding adults and another partner was the lead for safeguarding children. Staff we spoke with demonstrated that they understood their responsibilities and told us they had received training relevant to their role. The GP partners and nurses were trained to safeguarding level three and the non-clinical staff were trained to safeguarding level one. The GPs told us they provided reports where necessary for other agencies. The practice held registers for children at risk, and children with protection plans were identified on their individual computerised records. The practice had close links with the safeguarding team, health visitors were invited to monthly meetings. Children who had not attended a hospital appointment or had attended A&E were flagged to a GP and for those who did not attend the practice for childhood vaccinations and immunisations were followed up with a phone call from the nurse. If problems continued the practice reported any concerns about children to a named health visitor and other relevant professionals. The practice gave an example of a patient who attended at A&E and the discharge letter raised domestic violence. The provider had contacted the school nurses to make them aware. This had been recorded under the care history. Vulnerable adults were coded but not highlighted on the system.



## Are services safe?

A leaflet was displayed in the waiting room and on the reception desk advising patients they could access a chaperone, if required. There were posters in the consulting rooms advising patients of a chaperone service. Only clinical staff acted as chaperones and had been trained for the role. Staff files showed that criminal records checks had been carried out through the Disclosure and Barring Service (DBS) for staff who carried out chaperone duties. (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). Staff clearly described their role to us and knew where to stand. A chaperone policy was available to support staff. The policy made appropriate reference to recording on the patient records that a chaperone was present and summarised the role of a chaperone.

The practice was situated in a building maintained and serviced by NHS Properties who manage the building on behalf of the Community Health Partnership. We observed the premises to be clean and tidy and appropriate standards of cleanliness and hygiene were kept. There were cleaning schedules in place and cleaning records and standards were reviewed and problems reported to the cleaning supervisor. One of the practice's nurses was the lead for infection prevention and control and received annual update training from the lead infection prevention control nurse from the Clinical Commissioning Group (CCG). There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken but we saw evidence that they had not been completed. For example bins did not all meet guidelines but were ticked on the audit as being foot operated. The kitchen area had sections on the audit that had not been completed. The last one in October 2016 had identified two minor actions required, for example, alcohol hand rubs were not available to visitors. Treatment and consulting rooms in use had the necessary hand washing facilities and personal protective equipment which included disposable gloves and aprons. Hand gels for patients and staff were available. Clinical waste disposal contracts were in place through the landlord of the property. The practice nurses were responsible for the disposal of the sharps bins and a protocol for needlestick injuries was in place. All boxes were seen to have been signed and dated with an assembly date and clinical waste bins had foot operated closure. Clinical staff had received

occupational health checks for example, hepatitis B status and appropriate action taken to protect staff from the risk of harm when meeting patients' health needs. Immunisation was offered to all staff for hepatitis B and flu jab. The practice did not carry out regular cleaning audits but had noted some areas that required more cleaning. For example, ceiling tiles and floors.

There were arrangements for managing medicines in the practice. Medicine prescribing practices we reviewed showed that systems in place for patients to receive a formal review of their medicines were not fully effective.

- The arrangements for managing repeat prescriptions for high risk medicines that required monitoring were not fully effective. There were audits performed for patients on high risk medication and these were done systematically. For example, the practice planned but had not carried out audits on patients prescribed a medication used to treat an irregular heartbeat that required regular monitoring. Checks made on the day evidenced that no patients were being put at risk however there was no evidence in the patient notes to say that the blood results had been checked before prescribing. We reviewed shared care agreements where patients seen by a hospital consultant required monitoring by the practice. These were well managed through a patient recall system.
- The practice had an effective process for making changes to prescribed medicines in patient's records following a visit to hospital. The process worked with a medicines management coordinator who added and removed patient repeat medication items following their discharge from hospital using the discharge letter. This was then checked by a GP.
- Formal arrangements for the review of patient medicines were in place and we saw that 76% of patients on repeat medications had been reviewed in the preceding 12 months.

We found that blank computer forms and prescription pads were securely stored and their use monitored. The practice had systems for ensuring that medicines were stored in line with manufacturers guidance and legislative requirements. This included daily checks to ensure medicines such as vaccines were kept within a temperature range that

## Are services safe?

ensured they were effective for use. Specific medicine directions (Patient Group Directions for the practice nurses) were adopted by the practice to allow the practice nurses to administer specific medicines in line with legislation.

We reviewed the staff files for three staff employed at the practice, a nurse, a locum GP and a member of the reception staff. We found that all files contained appropriate recruitment checks which had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. Records showed that all clinical staff and non-clinical staff who acted as chaperones had criminal records checks carried out through the DBS. The practice directly employed locum GPs. Their records showed that a check was carried out to confirm the locum was registered to practice with their professional body, the General Medical Council (GMC) and information was held on employment history, qualifications, and appropriate checks through the Disclosure and Barring Service to confirm the suitability of the GP to work with patients. However there was no proof of medical indemnity in place. Not all staff had completed a health check although it was part of the induction programme. This had been included on the policy for new employees since the last starter but not done for existing staff.

### Monitoring risks to patients

The property was managed and maintained by NHS Properties. The practice had procedures in place for monitoring and managing risks to patient and staff safety. Minutes of practice meetings showed that health and safety was discussed when required and was a standing agenda item at the partners' meetings. The practice had a health and safety policy available and the mandatory programme poster was displayed in the reception area. The poster identified the named health and safety lead at the practice. The appointed lead had received additional training specific to this role. We saw there was a comprehensive list of completed risk assessments relating to the premises, patients, visitors and staff working at the practice. For example, risk assessments for car parking and seating. Records were available to demonstrate that a number of other risk assessments had been completed by the property landlord to monitor the safety of the premises. These included fire risk assessments, checking of fire alarms, fire exits, and fire alarm (weekly). Control of

Substances Hazardous to Health (COSHH) was managed by the landlords and safety data sheets for each product were kept where the practice could access them. The practice evidenced that they had requested from the landlord a copy of the legionella risk assessment and ongoing checks were carried out. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

All electrical and medical equipment was checked annually to ensure the equipment was safe to use and working properly. Records showed equipment was maintained and calibrated in December 2015 and electrical safety checks had last been carried out in December 2015.

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff and staff with appropriate skills were on duty. The practice occasionally used GP locums to support the clinicians and meet the needs of patients at the practice at times of absence. There was a policy followed that holidays were coordinated to minimise the numbers of staff who had annual leave at the same time. The practice had started auditing capacity and waiting times to see GPs. However it was too early to summarise results.

### Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents. There was an emergency panic button in clinicians' rooms and on each computer logged into the clinical system. The practice had a first aid box and accident book and staff were aware of their location. Staff training records showed that all staff had received recent update training in basic life support. The practice had a defibrillator (this provides an electric shock to stabilise a life threatening heart rhythm) on the premises. There was oxygen available with adult and children's masks. The practice had systems in place to ensure emergency equipment and medicines were regularly checked. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date.

## Are services safe?

The practice had undertaken a fire evacuation drill in the preceding 12 months (February, 2016). There was a fire warden who attended meetings with other staff in the building to review the fire evacuation drills.

The practice had a comprehensive business continuity plan in place for responding to emergencies such as loss of

premises, power failure or loss of access to medical records. The plan included emergency contact numbers and arrangements to operate from neighbouring practices in addition to information for staff of mitigating actions to reduce and manage the identified risks. There were hard copies kept off site by the partners and practice manager.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The GPs we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and systems were in place to keep all clinical staff up to date. However there was no systematic process to check that guidelines had been followed.

### Management, monitoring and improving outcomes for people

The practice collected information for the Quality and Outcomes Framework (QOF) to measure its 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 that it had achieved 84% of the total number of points available. The practice QOF results were lower than the local Clinical Commissioning Group (CCG) average of 94% and the national average of 95%. The practice overall clinical exception rate of 7.7% was lower than both the local CCG average of 8.5% and the national average of 9.8%. (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.) Further practice QOF data from 2015/16 showed:

- Performance for the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was within target was below the local and national average (67% compared to the CCG average of 77% and national average of 78%). The practice exception reporting rate of 8.9% showed that it was similar to the local CCG average of 8.4% and the national rate of 9.2%. The practice explained that they had a delay caused by the need to recruit a new nurse following the retirement of the previous practice nurse trained in diabetes.

- Performance for the percentage of patients with Chronic Obstructive Pulmonary Disease (COPD) who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale (the degree of breathlessness related to five specific activities) in the preceding 12 months was 68% which was below the local CCG average of 91% and national average of 90%. COPD is the name for a collection of lung diseases. The practice exception reporting rate was nil compared to the CCG average exception rate of 10.8% and national average of 11.5%. The provider had appointed a practice nurse as respiratory lead but when we spoke with that nurse, she was unaware of the QOF performance and any action plan to improve.
- Performance for mental health related indicators was significantly lower than the local CCG and national averages. For example, the percentage of patients experiencing mental health disorders who had a comprehensive, agreed care plan documented in their records in the preceding 12 months was 40% compared to the local CCG average of 86% and England average of 89%. The practice had exception reported seven of the 114 patients for this clinical area, equivalent to 4% (the local CCG average exception rate was 10.4% and England average was 12.7%). The provider was aware of the low performance and a GP had been assigned to complete these reviews. We were told that there was a problem with patients not attending their appointments for mental health reviews but they had not been exception reported.
- The percentage of patients diagnosed with dementia whose care had been reviewed in

a face-to-face review in the preceding 12 months was lower than the local CCG and national average (73% compared to the local CCG average of 81% and the national average of 84%). However the practice clinical exception rate of nil for this clinical area was lower than the local CCG average of 6.3% and the national average of 6.8%.

The practice had a call and recall system to invite patients with long term conditions for regular reviews. The practice had reviewed and introduced appropriate care plans where required for the ongoing management of these patients. However the system was not cohesive and staff were not always aware of performance or had any plan to improve performance in those areas that were low. Monthly multi-disciplinary team meetings were held to monitor

# Are services effective?

## (for example, treatment is effective)

performance and an action plan was developed to identify the areas of patients' care that needed to be reviewed. Evidence was available to show that the practice had systems in place to follow up patients that had not attended reviews of their condition either at the practice or at the hospital.

There had been no clinical audits completed in the last year; there were three ongoing audits that included a review of the management of diabetes.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Staff had access to and made use of e-learning training modules and external and in-house face-to-face training.

The practice had developed an effective appraisal system which included detailed appraisal documents. Staff had received a recent appraisal and records detailed development plans for all staff. The GPs and practice nurses had all completed clinical specific training updates to support annual appraisals and had personal development plans to support revalidation. The practice nurses received training and had attended regular updates for the care of patients with long-term conditions and administering vaccinations. Administration staff had received annual appraisals and staff we spoke with said that they felt supported and highlighted teamwork as a strength.

### 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 shared computer drive. The provider was able to demonstrate that staff were aware of their responsibilities for processing, recording and acting on any information received. The practice tracked referrals such as urgent scan requests.

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 ongoing care and treatment. This included when patients moved between services. For example, when referring patients to secondary care such as hospital or to the out of hours service.

Information was shared with the out of hours service so they were aware of the patient's wishes and treatment choices when the practice was closed. There was a system of special patient notes communicated through a hard copy faxed to out of hours providers to advise of any patient specific requirements. The practice completed a daily check on patients who attended the out of hours service. Staff told us that they could discuss any concerns about children and families with a named health visitor. Multi-disciplinary team meetings were used to discuss patients on the practice palliative care register. Detailed minutes of the meetings were maintained and care plans were routinely reviewed and updated following the meetings. A copy of the care plan was kept in the patient's home. The practice had appointed a GP to lead on the care of palliative patients. Monthly meetings with community teams were held to review the needs of palliative patients. Care provided was coordinated through written care plans completed by the community palliative care team and inclusion on the internal at risk register.

### Consent to care and treatment

Staff did not record consent to care and treatment in line with legislation and guidance. We found that staff understood and had an awareness of 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 people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and where appropriate, recorded the outcome of the assessment. We saw that patients' written consent had not been recorded clearly using nationally recognised standards when receiving joint injections. However the provider told us that when patients received joint injections, they were given an information leaflet on consent and verbal consent recorded. However the provider did not obtain written consent.

### Supporting patients to live healthier lives

The practice had identified patients who may be in need of extra support. This included patients with conditions that may progress and worsen without the additional support to monitor and maintain their wellbeing.

# Are services effective?

(for example, treatment is effective)

- Patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet and alcohol cessation.
- Patients were signposted to relevant health promotion services for example, for smoking cessation and substance misuse.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40-74 years. This service was provided by the practice nurses with support from a GP when required.

The practice had a comprehensive screening programme. A full range of travel vaccines, childhood immunisations and influenza vaccinations were offered in line with current national guidance. Data collected by NHS England for 2015/16 showed that the performance for all childhood immunisations was comparable to the local CCG average. For example, childhood immunisation rates for the vaccination of children under two years of age ranged from 95% to 98%. Children aged two to five ranged from 98%, and five year olds from 92% to 100%.

We saw that the uptake for cervical screening for women between the ages of 25 and 64 years for the 2015/16 QOF year was 76%, which was comparable to the national average of 82%. The practice was proactive in following patients up by annual reminder letters sent the following year to patients who had not attended. Patients who were overdue a test were flagged on the clinical system to advise clinicians of non-attenders. Public Health England national data showed that the number of females aged 50-70 years, screened for breast cancer in last 36 months was low 63% compared to the average across England of 72%. Data for other cancer screening indicators such patients between the ages of 60 and 69 years screened for bowel cancer in the last 30 months was 48%, below the local CCG average and national average of 58%.

The waiting area was shared and the provider had limited space to display health promotion leaflets. However we saw that health promotion information were available in the GP and nurses rooms and also made available and accessible to patients on the practice website. The nurses carried out health screening checks on all new patients registering at the practice.



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed 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.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- The area around the reception desk was open. To promote confidentiality telephone calls could be responded to away from the front desk and the fixed seating was positioned away from the reception hatch. If patients wanted to discuss something privately or appeared distressed a private area was available where they could not be overheard. However there was no sign to inform patients.

We collected ten Care Quality Commission comment cards completed by patients to tell us what they thought about the practice. Patients were positive about the service they received. Patients said that they received good care from all staff, the GPs were caring and staff were polite, considerate and helpful.

Results from the national GP patient survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice ratings were generally below the local and national practice averages for satisfaction scores on consultations with GPs. For example:

- 83% of the patients who responded said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average and national average of 89%.
- 83% of the patients who responded said the GP gave them enough time (CCG average 82% and national average 87%).
- 97% of the patients who responded said they had confidence and trust in the last GP they saw (CCG and national average 95%).
- 80% of the patients who responded said the last GP they spoke to was good at treating them with care and concern (CCG and national average 85%).

The practice satisfaction scores on consultations with the nurse were consistently above local and national averages. For example:

- 95% of the patients who responded said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).
- 92% of the patients who responded said the last nurse they saw or spoke to was good at listening to them (CCG average and national average 91%).
- 97% of the patients who responded said the last nurse they saw or spoke to was good at giving them enough time (CCG average and national average 92%).

The patient satisfaction with reception staff was notably higher than the local CCG average and the national average. Data showed that:

- 96% of the patients who responded said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

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

Patients told us they felt involved in decision making about the care and treatment they received. They 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.

Results from the national GP patient survey published in July 2016 showed patients response to their involvement in care planning with a GP or nurse was comparable with local and national averages. For example:

- 84% of the patients who responded said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 75% of the patients who responded said the last GP they saw was good at involving them in decisions about their care (national average 82%).
- 91% of the patients who responded said the last nurse they saw or spoke to was good at explaining tests and treatments (national average 90%).
- 87% of the patients who responded said the last nurse they saw was good at involving them in decisions about their care (national average 85%).

### Patient and carer support to cope emotionally with care and treatment

## Are services caring?

The practice had a carers' policy in place, which staff were aware of. Written information was available for carers to ensure they understood the various avenues of support available to them. This included notices in the patient waiting room which told patients how to access a number of support groups and organisations. There were 138 carers on the practice carers register, which represented 2.6% of the practice population. The practice's computer system alerted the GPs and nurses if a patient was also a carer and patients were offered a flu vaccination and health checks. There was a recall system in place for carers to be invited for their flu vaccination and health check. Patients who were young carers were identified and supported by signposting to local support services. The practice asked patients to identify if they also acted as carers when registering with the practice. Coventry Carer's Trust staff

attended the premises once a week for a drop in service to support carers. Staff from the Coventry Carer's Trust complimented the practice on the role of the reception staff in identifying patients who also acted as carers.

Staff told us that if families had suffered bereavement, patients were offered an appointment with a bereavement support officer employed by the local hospital and a counsellor who attended the practice weekly and patients could self-refer. Information on bereavement was available for patients from clinicians in the patient waiting area. Families and carers were signposted to support services such as 'CRUSE' a local service that offered bereavement counselling. Staff were made aware of any death through an electronic message sent to all staff, recorded in the GPs' diary, discussion at the next MDT meeting if not unexpected or sooner if unexpected. A notification was sent out to all providers of care recently involved and all referrals cancelled.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice 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, flexibility, choice and continuity of care. For example:

- Patients with a learning disability were offered longer appointments (between 15 minutes with the nurse and 30 minutes with the GP) at a time which was suitable to them and their carer.
- The provider had care plans for those at higher risk of hospital admission. These were categorised into priority one (instant access to a GP) and priority two (any interaction immediately communicated to a GP). These are highlighted on the clinical system.
- The practice had access to appointments for patients who worked. We found that patients were offered online access to book appointments, request repeat prescriptions, access test results and view a summary care record.
- Facilities for patients with mobility difficulties included a ramp for ease of access to the entrance of the practice. The front doors to the practice were automatically operated to assist patients with poor mobility. Adapted toilet facilities were available for patients with a physical disability.
- The practice referred patients experiencing memory loss to the local community memory loss clinic. These were located in the same building.
- Access was available to translation and interpretation services, Coventry Interpretation and Translation Unit (CITU), to ensure patients were involved in decisions about their care. There was a new service to allow quicker access through a telephone translation service provided by NHS England.
- Baby changing and breast feeding facilities were available.
- There were longer appointments available for older people and patients with long-term conditions.
- The practice made patients aware that home visits were available for patients who were unable to attend the practice.

- There was a policy to offer same day face to face appointments for sick children (under 12 years of age) as well as patients assessed as requiring an urgent appointment.

### Access to the service

The practice was open each week day between 8.45am and 6.30pm with the exception of Thursdays when the practice closed at 3.30pm. Appointments were available from 9am to 12.30pm and from 3pm to 6pm. Extended hours were offered through the GP Alliance. This was provided through three hubs using local and locum GPs. The practice did not provide an out-of-hours service to its patients but had alternative arrangements for patients to be seen when the practice was closed. Patients were directed to the out of hours service via the NHS 111 service. The nearest hospital with an A&E unit was University Hospital Coventry and Warwickshire (UCHW). The nearest walk in centre was in the city centre based in the City of Coventry Health Centre. Information was available on the practice website to advise patients what to do when the practice was closed.

Results from the national GP patient survey showed that patient's satisfaction rates were better than local and national averages for indicators on how they could access care and treatment. For example:

- 77% of patients were satisfied with the practice's opening hours which was above the CCG average of 75% and national average of 76%.
- 85% patients said they could get through easily to the surgery by phone (CCG average and national average 73%).

The practice had a system in place to assess whether a home visit was clinically necessary. The named GP had the responsibility for coordinating the patient's care and made the decision on the urgency of the patients need for care and treatment and the most suitable place for this to be received. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. Non-clinical staff would refer any calls which caused concern or they were unsure of to a clinician for advice. Information in the patient leaflet and on the practice website informed patients to contact the practice if they required a home visit. Further information informed patients that home visits would be made to patients who were housebound or too ill to attend the practice.

### Listening and learning from concerns and complaints

# Are services responsive to people's needs?

(for example, to feedback?)

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated responsible person who handled all complaints at the practice. We saw correspondence for five complaints (written and verbal) received over the past 12 months and found that all had been responded to, satisfactorily handled and dealt with in a timely way. Written responses from the practice included details of who to contact if not satisfied with the response from the practice. Verbal complaints were recorded on the patient notes and reported to the practice manager but not logged to identify and themes or trends.

Records showed that complaints were documented and evidence was seen of actions and outcomes completed.

Complaints were included as a standing agenda item to be discussed at practice meetings. We saw that lessons were learnt from concerns and complaints and action was taken to improve the service. For example, the practice had received a complaint from a patient with reduced mobility who had arrived late for their appointment and been asked to re-book. An apology was made to the patient and the reception team reminded of the protocol to establish the clinical need before asking a patient to re-book when an appointment had been missed. Staff told us that verbal complaints were recorded in the patient's electronic records and the practice manager informed.

We saw that information available to help patients understand the complaints system included leaflets available in the reception area and on the practice website.

# 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 a mission statement displayed on the website which was to provide high quality, evidence based patient centred care. Staff we spoke with were positive about their involvement in the vision and values of the practice and complimented the management team on their communication. The provider had a forward planning strategy that addressed challenges. For example, the practice plan had considered succession planning and capacity analysis. The provider planned to employ a healthcare assistant to support the nurses and GPs.

### Governance arrangements

Governance arrangements within the practice were mixed. We saw evidence of minutes from meetings and a programme that provided regular communication and cohesive working:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities and all staff were supported to address their professional development needs.
- Practice specific policies and procedures were implemented and were available to all staff. A folder with hard copies was used to advise staff when key policies were updated or of any new policies.
- We found that the systems for sharing information did not support the clinical governance. There was no electronic shared folder that could be accessed by all staff and we found that no effective alternative was in place.
- Meeting minutes and actions were recorded as a hard copy but some staff were unable to access a copy.

Where governance could be improved, the provider was aware and included improvement as specific objectives in the strategic plan. For example: there was a plan to explore how documents in electronic format could improve the flow of information.

### Leadership and culture

The GP partners and practice manager were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. There was a clear leadership structure in place and staff felt supported by the management. Staff we spoke with were

positive about working at the practice. They told us they morale and teamwork were strengths and felt comfortable enough to raise any concerns when required and were confident these would be dealt with appropriately.

The provider was aware of and complied with the requirements of the Duty of Candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. When there were unexpected or unintended safety incidents the practice gave affected people reasonable support, relevant information and a verbal and written apology.

Staff told us that regular practice meetings were held which involved all staff and staff we spoke with felt confident to raise any issues or concerns at these meetings. Topics on the agenda included significant events, complaints, safeguarding, health and safety and other governance arrangements. There was a practice whistle blowing policy available to all staff to access on the practice's computer system. Whistle blowing occurs when an internal member of staff reveals concerns to the organisation or the public, and their employment rights are protected. Having a policy meant that staff were aware of how to do this and how they would be protected and this was confirmed in discussions we held with staff.

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

The practice encouraged and valued feedback from patients, the public and staff. The practice had a virtual patient participation group (PPG).

The practice had gathered feedback from staff through staff meetings, appraisals and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and the management team. Staff told us they felt involved and engaged to improve how the practice was run.

### Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice had completed reviews of significant events and other incidents and had ensured that lessons learned from these were used to make improvements and prevent further reoccurrence.

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>There was a lack of systems to assess, monitor and improve the quality and safety of the services in the carrying on of the regulated activity.</p> <p>This included:</p> <p>The registered provider did not have an effective patient call and recall system to manage those patients with certain long-term conditions.</p> <p>The provider did not always record written consent when administering joint injections.</p> <p>There was no programme of clinical audits to promote the safety and welfare of patients and staff.</p>