Dr Tirunelveli Ashok Kumar

Quality Report

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

Ratings

Overall rating for this service	Requires improvement
Are services safe?	Inadequate
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Requires improvement

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Tirunvelveli Ashok Kumar, also known as Highwoods Surgery, on 29 July 2015. Overall the practice is rated as requires improvement.

Specifically, we found the practice to be inadequate for safe and requires improvement for providing effective, responsive and well led services. It also required improvement for providing services for older people with long-term conditions, families, children and young people, working age people (including those recently retired and students), people living in vulnerable circumstances, and people experiencing poor mental health (including people with dementia). It was good for providing a caring service.

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

- Not all staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about significant incidents was not consistently recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and managed, with the exception of those relating to the management of medicines.
- Data showed patient outcomes were average for the locality. Although some audits had been carried out, there was no evidence that audits were driving improvement in performance to improve patient outcomes.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Urgent appointments were usually available on the day they were requested.
- The practice had a number of policies and procedures to govern activity, but these would benefit from being

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revised to reflect current practice and ensure staff were familiar with them. The practice held informal governance meetings, they were not recorded and issues were discussed at ad hoc.
- The practice had no formal system for encouraging or capturing feedback from staff and patients. However, they had reviewed and changed their clinical practices in response to comments from partner agencies.
- Staff told us they felt supported by the practice and enjoyed their working environment.

The areas where the provider must make improvements are:

- Ensure the proper and safe management of medicines.
- Ensure there are sufficient systems or processes to assess monitor and improve the quality and safety of service. This includes, capturing service users experiences, arrangements for reporting and investigating significant events and learning from both significant events and complaints and introduce a programme of clinical audits to monitor quality and systems to identify where action should be taken
- Establish and operate an effective and accessible system for identifying, receiving, recording, handling and responding to complaints.
- Ensure personnel files contain all necessary checks to comply with relevant legislation.
- Ensure staff receive appropriate training, supervision and appraisal.

In addition the provider should:

- Maintain records of staff discussions, practice, clinical and management meetings

Where, as in this instance, a provider is rated as inadequate for one of the five key questions or one of the six population groups it will be re-inspected no longer than six months after the initial rating is confirmed. If, after re-inspection, it has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group, we will place it into special measures. Being placed into special measures represents a decision by CQC that a service has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Inadequate

The practice is rated as inadequate for providing safe services and improvements must be made. Not all staff (including members of the clinical team) had received appropriate training in safeguarding or infection prevention control. Some staff were unable to recognise risks to patient safety such as vaccines being stored in excess of their recommended temperature. They were not clear about the process for reporting incidents, near misses and concerns other than raising them informally with the practice manager. Although the practice carried out investigations when things went wrong, they were conducted by individual clinicians and not reviewed as a practice. Records of lessons learnt were not maintained and communicated widely to improve safety. Appropriate authorities to administer vaccinations had not been completed and medicines had not been stored appropriately. The practice was unable to demonstrate that all staff had undertaken appropriate checks prior to commencing their employment.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made. Data showed patient outcomes were average for the locality. Knowledge of and reference to national guidelines was inconsistent amongst staff especially regarding the assessing and recording of patient consent. Clinical audits were limited and related to the quality and outcomes framework (QOF) and had not been reviewed to improve performance. Multidisciplinary working was documented in relation to palliative care but there was an absence of recorded discussion, tasking and review of decisions. Record keeping was limited or absent for practice and clinical meetings.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. Staff handled patient information confidentially.

Are services responsive to people's needs?

Requires improvement

The practice is rated as requires improvement for providing responsive services. The practice had an understanding of the needs of their local population and had tailored some of their services

Summary of findings

accordingly. However, they had not recognised the needs of minority groups such as those patient's where English was not their first language. Feedback from patients reflected that they had ready access to a GP, there was continuity of care and urgent appointments were usually available the same day. The practice was equipped to treat patients and meet their needs. Patients were able to get information about how to complain in a format they could understand. Complaints were resolved informally and complaint records were incomplete. The practice did not demonstrate investigations, learning and dissemination of findings to improve outcomes.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led. It had a vision and a strategy, shared with the staff but not documented. The practice management was visible and approachable. The practice had a number of policies and procedures to govern activity, but some of these were overdue a review and not reflective of practice such as the recording of patient consent and conducting staff appraisals. We were told informal governance meetings were held but not recorded. The practice did not proactively seek feedback from patients but acted on comments from partner services.

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

Requires improvement

The practice was rated as inadequate for safe and requires improvement for effective, responsive and well-led. The practice was rated good for caring. The concerns which led to these ratings apply to everyone using the practice, including this population group. Therefore, the practice is rated as requires improvement for the care of older people.

Care and treatment of older people did not always reflect current evidence-based practice. Nationally reported data showed that outcomes for patients for conditions commonly found in older people were comparable with similar practices within the Clinical Commissioning Group. Longer appointments and home visits were available for older people when needed, and this was acknowledged positively in feedback we received from patients and carers. The leadership of the practice had engaged with older people to look at further options to improve services for them.

People with long term conditions

Requires improvement

The practice was rated as inadequate for safe and requires improvement for effective, responsive and well-led. The practice was rated good for caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Therefore, the practice is rated as requires improvement for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. Patients had care plans or structured annual reviews to check that their health and care needs were being met. We found vaccines were not always stored appropriately potentially compromising their effectiveness.

Families, children and young people

Requires improvement

The practice was rated as inadequate for safe and requires improvement for effective, responsive and well-led. The practice was rated good for caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Therefore, the practice is rated as requires improvement for the care of families, children and young people. The practice coded patient data to identify and follow up on vulnerable children. However the coding was not overt and would not necessarily alert staff to the patients with vulnerabilities when they attended the practice. Some staff, including members of the clinical team, had not completed

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appropriate safeguarding training and had limited understanding of Gillick competency. Immunisation rates for the standard childhood immunisations were comparable with the Clinical Commissioning Group. We also found staff had not received the appropriate authority to administer childhood vaccinations and they had not been consistently stored appropriately to ensure they were safe to administer. Patients told us that children and young people were treated in an age-appropriate way and we saw evidence to confirm this.

Working age people (including those recently retired and students)

Requires improvement

The practice was rated as inadequate for safe and requires improvement for effective, responsive and well-led. The practice was rated good for caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The practice offered extended opening hours for appointments, advanced booking and specialist clinics. Health promotion advice was offered and there was accessible health promotion material available through the practice.

People whose circumstances may make them vulnerable

Requires improvement

The practice was rated as inadequate for safe and requires improvement for effective, responsive and well-led. The practice was rated good for caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Therefore, 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 those with a learning disability who received regular consultations and health checks. We spoke with staff at a care home for people with disabilities who were registered patients at the practice. They reported receiving an accessible and supportive service. The practice worked with multi-disciplinary teams in the case management of vulnerable people, but this was not consistent. Vulnerable patients were signposted to various support groups and voluntary organisations. Not all staff had undertaken safeguarding training to recognise signs of abuse in vulnerable adults and children. Most staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Summary of findings

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice was rated as inadequate for safe and requires improvement for effective, responsive and well-led. The practice was rated good for caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Therefore, the practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health but these were not consistently recorded. We spoke with care home staff who told us the practice was responsive and supportive of the needs of those living in the respective care homes and carried out advance care planning for patients with dementia. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

We gathered the views of patients from the practice by reviewing data available from NHS Choices and the National GP Patient Survey results from July 2015. Prior to our inspection we also sent CQC 'Tell us about your care' comment cards to the practice for distribution among patients in order to obtain their views about the practice and the service they received.

We reviewed the findings of the National GP Patient Survey from July 2015. The practice performed above the national and Clinical Commissioning Group (CCG) averages with 69% of respondents usually waiting 15 minutes or less after their appointment time to be seen, 98% of respondents saying the last appointment they got was convenient and 89% of respondents saying the last GP they saw or spoke to was good at giving them enough time. The practice performed below the CCG and national averages for respondents having confidence and trust in the last GP they saw or spoke to, saying the last GP they saw or spoke to was good at explaining tests and treatments, and for finding it easy to get through to the surgery on the phone.

We reviewed patient comments on the NHS choices website. We found six reviews had been made within the last 13 months. There were four positive reviews and two references made comment on the difficulties of obtaining a prescription. The practice had responded to some of the comments.

We received 40 completed 'Tell us about your care' comment cards. These were overwhelmingly positive about the service patients received from the clinical and administrative team and did not support some of the National GP Survey results. Patients commented on the caring nature of staff and the ease at which the GP accommodated their requests for appointments and home visits. They had confidence in the professionalism and commitment of the staff to meet their health and welfare needs.

We spoke with four patients and they told us that staff were polite and helpful. The patients had been with the practice for a number of years and respected and valued the service they received from the nurse and GPs. They told us that the GPs were kind, personable and consistently showed them patience and support.

We spoke with staff at three care homes providing care to the elderly and people with physical and learning disabilities. All of the staff spoke highly of the attentiveness of the practice team. They told us the reception staff were polite and helpful, the clinical team were sensitive, caring and responsive to patient's needs. The clinical team always had time for patients, they explained options to patients and their families, made appropriate referrals and actively engaged in discussion to arrange and deliver co-ordinated care services to meet the patient's needs.

Areas for improvement

Action the service MUST take to improve

- Ensure the proper and safe management of medicines.
- Ensure there are sufficient systems or processes to assess monitor and improve the quality and safety of service. This includes, capturing service users experiences, arrangements for reporting and investigating significant events and learning from both significant events and complaints and introduce a programme of clinical audits to monitor quality and systems to identify where action should be taken.
- Establish and operate an effective and accessible system for identifying, receiving, recording, handling and responding to complaints.
- Ensure personnel files contain all necessary checks to comply with relevant legislation.
- Ensure staff receive appropriate training, supervision and appraisal.

Action the service SHOULD take to improve

- Maintain records of staff discussions, practice, clinical and management meetings.

Dr Tirunelveli Ashok Kumar

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 CQC GP specialist advisor and a CQC practice manager specialist advisor.

Background to Dr Tirunelveli Ashok Kumar

Dr Tirunelveli Ashok Kumar's practice is also known as Highwoods Practice and has a patient population of 6092. The practice is managed by a GP that holds financial and managerial responsibility for the practice. The practice has two GPs a female and male GP who jointly conduct all clinics and work Monday to Friday. They also employ a nurse practitioner, practice nurses and a healthcare assistant. The clinical team was supported by an administrative team of receptionists, and secretaries overseen by the practice manager.

The practice is open Mondays and Fridays 8.45am to 12pm and 2pm to 6.15pm, Tuesdays 8am to 12pm and 2pm to 7.30pm, Wednesdays 8.45am to 12pm and 2pm to 4.30pm after this time patients were diverted to the out of hours service, and Thursday 8.45am and 12pm and 2pm to 7.30pm. Late surgery appointments on Tuesdays and Thursdays are pre-bookable online. Patients may speak to a GP over the phone between 11.30am and 12.30pm or at 6pm daily. Appointments may be booked from three to six months in advance and home visits are available daily if a patient is too ill or infirm to attend the surgery.

The practice maintains a comprehensive website. It provides a range of information relating to their services including details of the appointment system, staff, and clinics provided, practice news and the practice contact details.

The practice has opted out of providing out-of-hours services to their own patients. Patients are advised to call 111 when they require medical assistance that is not an emergency. NHS 111 is available 24 hours a day, 365 days a year.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme.

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

How we carried out this inspection

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?

Detailed findings

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

- Older people
- People with long-term conditions
- 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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit 29 July 2015. During our visit we spoke with a range of staff including the practice manager, clinical staff, receptionists and patients who used the service. We talked with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Inadequate

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve patient safety. For example, discussions with staff and patients, reported incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns and would verbally report issues directly to the practice manager or GPs. However, not all staff were able to recognise significant incidents and the reporting procedure was not sufficiently robust.

We reviewed incident reports and minutes of meetings. We found discussions with staff regarding risks were not recorded. Staff told us most issues were verbally reported and resolved informally and staff told us this had always been timely and effective.

Learning and improvement from safety incidents

The practice had a policy and procedure in place for reporting, recording and monitoring significant events, incidents and accidents. We reviewed the practices significant event monitoring and analysis template dated 2012. It outlined the procedure and the value of learning from incidents. The practice had no reported significant incidents in 2015. We reviewed records of four significant events that had occurred during the last 12 months. We found the practice had failed to follow their own policy and procedure. They had been investigated by the reporting clinician, who, sometimes, was involved in the incident. The investigations lacked sufficient detail and there was no record of them having been discussed with others. We spoke with staff, they were unable to provide examples of where learning had been shared. There were no records of discussions to demonstrate learning being disseminated to minimise the risks of reoccurrences.

Clinical and administrative staff did not know how to formally raise an incident other than reporting it to the practice manager or a GP. Although they told us they were encouraged to do so and were confident they would address it appropriately.

National patient safety alerts were disseminated to the clinical staff. However, when we reviewed the practice's safety alert policy and procedure dated July 2011 we found it was out of date making reference to organisations no longer in existence. It also referred to nominated staff that checked alerts twice daily and conducted searches on the patient system. Clinical staff told us they were unaware of the policy but confirmed they received the alerts and actioned them, reviewing patient care as appropriate. The practice did not retain evidence of the searches conducted or actions taken.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that not all clinical or administrative staff had received relevant role specific training on safeguarding. For example, none of the clinical or administrative staff had been trained in safeguarding adults and two of the practice nurses had not received appropriate training in level two safeguarding children. We asked members of medical, nursing and administrative staff about their most recent training. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, properly record documentation of safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details were easily accessible.

The practice had appointed a dedicated GP for safeguarding children. All staff we spoke with were aware who the lead was and who to speak with in the practice if they had a safeguarding concern.

The practice electronic patient record system had a facility to highlight vulnerable children at risk so that when they attended for an appointment clinical staff would be alerted. The practice did not use the facility as the GPs and staff were aware of the children. However, staff unfamiliar with patients would not have been able to easily identify the children and been alerted to potential wider safeguarding considerations.

There was a chaperone policy, which was visible on the waiting room noticeboard, in consulting rooms and on the practice web site. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). All nursing staff, including health care assistants, had been trained to be a chaperone. All staff undertaking chaperone duties had received Disclosure and Barring Service (DBS)

checks. (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).

Medicines management

We checked medicines stored in the treatment rooms and medicine fridges and found they were stored securely and were only accessible to authorised staff. We asked to see the practice's medicine management policy and they were unable to provide us with it. We checked records showing fridge temperature checks were carried out to ensure medication was stored at the appropriate temperature. However, staff had not noticed that the fridge temperature had exceeded the acceptable temperature to store medication on at least six occasions over a month between 02 July and 27 July 2015. This potentially compromised the effectiveness of the medicines and put those patients that had received vaccinations at risk of ineffective treatment. For example, we found 21 boxes of Hepatitis A vaccine within the practice vaccination fridge, that must not be stored above the recommended temperature ranges for three days until it is administered.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Both blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

There was a system in place for the management of high risk medicines such as warfarin, methotrexate and other disease modifying drugs, which included regular monitoring in accordance with national guidance. Appropriate action was taken based on the results. We checked anonymised patient records which confirmed that the procedure was being followed such as receiving regular blood tests and alerts regarding conflict of prescribing.

We found not all Patient Group Directions (PGDs) had been appropriately endorsed by the GPs or clinical team to authorise the practice nurses to administer vaccines and other medicines in line with legal requirements and national guidance. For example, we found vaccinations for children and adults such as diphtheria, tetanus and polio from 2013 had not been authorised by a lead GP to be administered by a practice nurse or endorsed by a practice nurse to confirm they had received the appropriate authority and had the training or were competent to administer the vaccinations.

The health care assistant was also permitted to administered vaccines and other medicines using Patient Specific Directions (PSDs) but again not all of these had been approved by the prescriber. However, we saw evidence that nurses and the health care assistant had received appropriate training and been assessed as competent to administer the medicines. A member of the nursing staff was qualified as an independent prescriber and she received regular supervision and support in her role as well as updates in the specific clinical areas of expertise for which she prescribed.

Cleanliness and infection control

We observed the premises to be visibly clean and tidy. We saw there were cleaning schedules in place and cleaning records were kept. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

An infection control policy dated 2011 and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. For example, personal protective equipment including disposable gloves, aprons and coverings were available for staff to use and staff were able to describe how they would use these to comply with the practice's infection control policy. The practice nurse had a guide to managing a needle stick incident displayed within the clinical room and staff knew the procedure to follow in the event of an injury.

The practice had a lead for infection control, but they had not undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training. The practice staff handbook stated all staff were to receive training about infection control specific to their role within their induction and receive annual updates. However, most staff had been in post for a number of years and told us they had not received any training.

Inadequate

Are services safe?

We saw evidence that an infection prevention control audit had been conducted in May 2015 but this lacked sufficient detail regarding risks such as those relating to surgical procedures and how these were mitigated. It was not always clear where actions were required, who had been appointed responsibility and the timescale for the completion of the task.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms. All practice staff were invited to receive the seasonal flu vaccinations and Hepatitis B vaccinations to mitigate their risk of contracting blood borne infections.

The practice had conducted a legionella risk assessment identifying the practice to be a low risk. Legionella is a bacterium which can contaminate water systems in buildings.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date which was July 2014 and had been rescheduled for July 2015. A schedule of testing was in place. We saw evidence of calibration of relevant equipment; for example weighing scales, spirometers and blood pressure measuring devices.

Staffing and recruitment

The practice had a recruitment policy that set out the standards it followed when recruiting clinical staff but not non-clinical staff. At the time of our inspection the practice recruited non-clinical staff through a recruitment agency so they could ensure they would fit with the organisational culture prior to considering their permanent appointment. Not all personnel records we looked at contained evidence that all appropriate recruitment checks 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 Disclosure and Barring Service. (These 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). We found a member of the clinical team did not have a personnel file. The practice told us all documents had been checked prior to appointment but they had not retained copies.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave. Newly appointed staff had this expectation.

Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. The practice manager showed us records to demonstrate that actual staffing levels and skill mix met planned staffing requirements.

Monitoring safety and responding to risk

The practice had some systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These were not formalised but included regular checks of the building, the environment, staffing, dealing with emergencies and equipment. The practice also had a health and safety policy.

The practice did not have a risk log identifying threats to the business such as risks associated with service and staffing changes (both planned and unplanned). However these were openly discussed and managed daily. Changes in personnel were forecast but not formally documented and mitigating actions put in place such as staff cover during holiday periods.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that all staff had received training in basic life support. Emergency equipment was available including access to oxygen and an automated external defibrillator (used in cardiac emergencies). When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly. We checked and found that the pads for the automated external defibrillator were within their expiry date.

Inadequate

Are services safe?

Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

The practice had a generic business continuity plan. It was dated 2009 and had been reviewed in April 2015. It contained references to organisations no longer in existence such as the Primary Care Trusts and was incomplete with details of utility suppliers missing and the location of equipment such as the stop valve for the water.

The practice last carried out a fire risk assessment in 2013 and had not been revised. The practice told us they had conducted a full fire evacuation but no record had been maintained. Their fire equipment had been checked in December 2014, emergency lighting was checked six monthly and the fire alarms were tested three monthly. Staff had not received training in fire safety but were aware of the procedures.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners.

We discussed with the practice manager, GP and nurse how NICE guidance was received into the practice. They told us this was received through information notices, leaflets and from the guidance websites. There was no system for the dissemination to staff with each clinician taking responsibility for their own learning and professional development. Weekly clinical meetings were held. Staff told us clinical issues were discussed and implications for the practice's performance and patients were identified and required actions agreed. However, no record was maintained of these meetings.

Staff described how they carried out comprehensive assessments which covered all health needs and was in line with these national and local guidelines. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective. For example, patients with diabetes were having regular health checks and were being referred to other services when required. Feedback from patients confirmed they were referred to other services or hospital when required. Templates were used to standardise and provide consistent care.

The GPs told us they led in specialist clinical areas such as diabetes, learning disabilities, surgery and the practice nurses supported this work, which allowed the practice to focus on specific conditions. Clinical staff we spoke with were open about asking for and providing colleagues with advice and support. GPs told us this supported all staff to review and discuss new best practice guidelines. Records were not kept of clinical discussions or clinical meetings.

The practice used computerised tools to identify patients who were at high risk of admission to hospital. These patients were reviewed regularly to ensure multidisciplinary care plans were documented in their records and that their needs were being met to assist in reducing the need for them to go into hospital. After patients were discharged from hospital they were followed up to ensure that all their needs were continuing to be met.

Discrimination was avoided when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate.

Management, monitoring and improving outcomes for people

Information about people's care and treatment, and their outcomes, was routinely collected and monitored and this information used to improve care. Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, and planning flu clinics. The information staff collected was then discussed with the practice manager and GPs.

The practice showed us four clinical audits that had been undertaken in the last two years, although one was undated. Two of the audits assessed performance, in relation to cervical smears and influenza uptake, related to the practice's quality and outcomes framework (QOF) performance. (QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures). They lacked explanation, analysis and learning. However, the clinical audit relating to the management of osteoporosis reviewed calcium and vitamin D therapy and checked adherence with clinical standards and guidance. Their findings were that not all patients were receiving the supplement and a need to enhance patient education. There was no subsequent clinical audit to determine if patients who had received additional information or supplement had improved their condition.

The practice also used the information collected for the QOF and performance against their national screening programmes to monitor outcomes for patients. The practice was not an outlier for any QOF (or other national) clinical targets, It achieved 95.2% of the total QOF target in 2014, which was above the national average of 94.2%. The practice had low exception reporting at 5.3%, 2% below the

Requires improvement

Are services effective?

(for example, treatment is effective)

CCG and 2.6% below the national average rates of reporting. The practice performed similar to or exceeding the CCG or national averages in the respect of the following clinical areas;

- Performance for diabetes related indicators was similar to the national average. For example 77.58% of their patients as opposed to the national average of 78.55% received blood pressure readings and 86.09% as opposed to 93.49% received influenza immunisations.
- The percentage of patients with hypertension having regular blood pressure tests was above the national average at 84.87% as opposed to the national average 83.13%.
- Patients with poor mental health having agreed care plans (94.23% as opposed to the national average of 86.09%), receiving face to face reviews 100% as opposed to 83.83% and higher than the national average for recording alcohol consumption and smoking status.

The practice team did not make use of clinical audit tools, clinical supervision and staff meetings to assess the performance of clinical staff. The staff we spoke with told us they spoke daily but did not reflect as a group on the outcomes being achieved and areas where this could be improved.

The practice's prescribing rates were similar to national figures. There was a protocol for repeat prescribing which followed national guidance. This required staff to regularly check that patients receiving repeat prescriptions had been reviewed by the GP. They also checked that all routine health checks had been completed for long-term conditions such as diabetes and that the latest prescribing guidance was being used. The IT system flagged up relevant medicines alerts when the GP was prescribing medicines.

The practice had made use of the gold standards framework for end of life care. It had a palliative care register and held and documented regular internal as well as multi agency palliative care meetings to discuss the care and support needs of patients and their families.

The practice also kept a register of patients identified as being at high risk of admission to hospital and of those in various vulnerable groups such as those with learning disabilities. We were shown data that 50% of the annual reviews for patients with learning disabilities had been undertaken in 2014-2015. Patients who did not attend were followed up.

The practice participated in local benchmarking run by the CCG. This is a process of evaluating performance data from the practice and comparing it to similar surgeries in the area. This benchmarking data showed the practice had outcomes that were comparable to other services in the area.

Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that all staff were up to date with attending courses such as annual basic life support. All GPs were up to date with their yearly continuing professional development requirements and all either have been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

We reviewed the staff handbook, stating staff would receive yearly appraisals, a personal development plan and training needs identified and arranged. However, we found some staff, such as the practice nurses had not received annual appraisals for the last two years. These had been scheduled and initial appraisal meeting forms distributed for staff to complete ahead of their appraisal meetings. The practice nurse told us she was provided with the time, training and funding to support her professional development and learning either through the CCG or externally.

Practice nurses and health care assistants had generic job descriptions outlining their roles and responsibilities. For example, on administration of vaccines and cervical cytology. The practice told us they would review these at the next respective staff appraisals to ensure they reflected the staff member's responsibilities. Staff with extended roles such as seeing patients with long-term conditions, asthma, chronic obstructive pulmonary disease, diabetes and coronary heart disease were able to demonstrate that

Requires improvement

Are services effective?

(for example, treatment is effective)

they had appropriate training to fulfil these roles. The exception was the infection prevention control nurse who had not received additional training to assist them to undertake the role.

The practice told us they had been fortunate not to experience poor performance by any member of their staff. However, in the event they did they told us they would support the staff member with training and development initially. However, if their performance did not improve they would follow their capability policy and procedures.

Working with colleagues and other services

The practice worked with other service providers to meet patients' needs and manage those of patients with complex needs. It received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues. Out of hours reports and pathology results were all seen and actioned by a GP on the day they were received. Discharge summaries and letters from outpatients were usually seen and actioned on the day of receipt. The GP who saw these documents and results was responsible for the action required. All staff we spoke with understood their roles and felt the system in place worked well.

The practice held multidisciplinary team meetings to discuss patients with complex needs. These were infrequent and the last notes available for review were from 2014. These related to palliative care of patients and were attended by the lead nurse from the hospice. The records contained brief details and did not include records of actions assigned and outcomes.

Information sharing

The practice used several electronic systems to communicate with other providers. For example, there was a shared system, whereby partner services such as the district nurses were able to enter data and enable patient data to be shared in a secure and timely manner.

The practice had not signed up to the electronic Summary Care Record but had planned to implement the system prior to March 2015. It was not operational at the time of our inspection but was proposed for later in 2015. (Summary Care Records provide faster access to key clinical information for healthcare staff treating patients in an emergency or out of normal hours).

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record system to coordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

Consent to care and treatment

We found that staff were aware of the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in fulfilling it. Clinical staff we spoke with understood the key parts of the legislation.

Patients were supported to make decisions through the use of care plans, which they were involved in agreeing. These care plans were reviewed annually (or more frequently if changes in clinical circumstances dictated it) and explored patient's preferences for treatment and decisions. When interviewed, staff gave examples of how a patient's best interests were taken into account if a patient did not have capacity to make a decision.

There was a practice policy for documenting consent for specific interventions, dated 2011. However, staff were not following it. For example, not all clinical staff had a clear understanding of the Gillick competency test despite this being detailed within the policy. (Gillick competence is used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions). Not all staff had understanding of parental responsibility and how this particularly may impact on their role administering vaccinations to children. The policy also contained patient consent forms that were not used by clinicians even when conducting procedures carrying a degree of risk such as surgical procedures. During our inspection the practice agreed they needed to revise their procedures.

The practice had not needed to use restraint in the last three years, but staff were aware of the distinction between lawful and unlawful restraint.

Health promotion and prevention

It was practice policy to offer a health check to all new patients registering with the practice. The GP was informed

Requires improvement

Are services effective?

(for example, treatment is effective)

of all health concerns detected and these were followed up in a timely way. We noted a culture among the GPs to use their contact with patients to help maintain or improve mental, physical health and wellbeing.

The practice had many ways of identifying patients who needed additional support, and it was pro-active in offering additional help. For example, the practice identified patients with outstanding blood tests, urine tests and blood pressures that needed undertaking and merged them with the flu season vaccinations including those for patients with long term conditions. The practice wrote to patients inviting them to make an appointment to conduct all tests together. We were told by the practice that patients appreciated the convenience of a single appointment.

The practice's performance for the cervical screening programme was 82.28%, which was broadly in line with the national average of 81.89%. The practice nurse had responsibility for following up patients who did not attend.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Last year's performance was comparable with national and CCG performance data. For example:

- Flu vaccination rates for the over 65s were 71.29% in comparison to the national average of 73.24%, and at risk groups 50.83% in comparison with the national average of 52.29%.
- Childhood immunisation rates for the vaccinations given to under twos ranged from 78.8% to 98.8% for the practice compared to the CCG averages of 82.1% to 96.8%. Childhood immunisation rates for the vaccinations given to five year olds ranged from 90.5% to 97.6% for the practice compared to the CCG averages of 90.8% to 96.8%.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the National GP Patient survey 2015. The practice did not have a Patient Participation Group (PPG) or conduct a patient surveys to capture patient opinions. (A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care).

The evidence from the National GP Patient survey 2015 showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. These were similar to the CCG and national averages and in some cases exceeded them. For example:

- 83% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 89% said the GP gave them enough time compared to the CCG average of 86% and national average of 87%.
- 84% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%

Patients completed CQC comment cards to tell us what they thought about the practice. We received 40 completed cards and all were overwhelmingly positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect. We also spoke with four patients on the day of our inspection. All told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. The practice switchboard was located away from the reception desk which helped keep patient information private. In the National GP Patient Survey 80% said they found the receptionists at the practice helpful compared to the CCG average of 86% and national average of 87%.

Staff told us that if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would raise these with the practice manager. The practice manager told us they would investigate these and any learning identified would be shared with staff.

There was a clearly visible notice in the patient reception area stating the practice's zero tolerance for abusive behaviour.

Care planning and involvement in decisions about care and treatment

The National GP Patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas although slightly less than the CCG and national averages. For example:

- 74% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 79% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 81%.

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and 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 they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views.

Staff told us that they did not have access to translation services for patients who did not have English as a first language. This was addressed during the inspection and staff were provided with the details of a translation service. The details were also provided in the patient waiting room.

We spoke with staff at three care homes who told us of the weekly reviews held with patients reviewing their care

Good

Are services caring?

plans, personal preferences and exploring and explaining health and care choices. For example the GP worked with patients, carers and family to understand patient preferences and ensure these were reflected and honoured in their end of life care plans.

Patient/carer support to cope emotionally with care and treatment

The National GP Patient survey information we reviewed showed patients rated the service below average for the emotional support provided by the practice. For example:

- 75% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 90% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91 and national average of 90%.

We spoke with staff at three care homes and they all spoke positively of the timely and sensitive support the practice provided patients, family and friends in accessing and understanding services available to them.

The patients we spoke with on the day of our inspection and the comment cards we received were also consistent with this survey information. For example, these highlighted that staff responded compassionately when they needed help and provided support when required.

Notices in the patient waiting room, on the website also told patients how to access a number of support groups and organisations. The practice did not record if patients were carers despite referring them to a care advisor who may assist them with completing benefit forms and accessing services from the community for both medical and social needs.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to some patients' needs such as older people or those with long term conditions by conducting weekly clinical rounds at care homes, scheduling specialist and seasonal clinics and providing an individualised service.

Patients benefited from clinics operated by other healthcare professionals working from their premises, enabling them to access specialist provision locally such as, hearing tests, urology, physiotherapy and antenatal care. The practice also operated enhanced services such as warfarin testing, minor operations and wound care for the convenience of their patients. These were all provided in addition to specialist clinics such as family planning, weight management, smoking cessation and immunisations. Phlebotomy clinics (taking of blood) also ran daily and some evenings to accommodate patients who worked or otherwise could not attend during normal surgery hours.

The practice had also implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from partner services. A care home told us how they asked the practice to revise the care arrangements in place for their residents when the lead GP, who was responsible for their residents, was on leave. The practice met with the care home, listened to their concerns and appointed a second GP responsible who would attend in the lead GP's absence. This was appreciated by both patients at the home who felt the practice had been both supportive and caring in their response.

Tackling inequity and promoting equality

The practice had recognised the needs of some of their different groups in the planning of its services. For example, longer appointment times were available for patients with learning disabilities. The majority of the practice population were English speaking patients.

The premises and services had been designed to meet the needs of people with disabilities. The practice was accessible to patients with mobility difficulties as facilities were all on one level. The consulting rooms were also accessible for patients with mobility difficulties and baby changing facilities were available. There was a large waiting area with plenty of space for wheelchairs and prams. This made movement around the practice easier and helped to maintain patients' independence. Although the doors did not open automatically, staff told us where patients had mobility issues or had prams and pushchairs they would assist them.

Staff told us that they did not have any patients who were of homeless but would see someone if they came to the practice asking to be seen and would register the patient so they could access services. There was a system for flagging vulnerability in individual patient records.

There were male and female GPs in the practice; therefore patients could choose to see a male or female doctor.

The practice provided equality and diversity training through e-learning. Staff we spoke with confirmed that they had completed the equality and diversity training in the last 12 months and that equality and diversity was regularly discussed informally with staff.

Access to the service

The practice was open Mondays and Fridays 8.45am to 12pm and 2pm to 6.15pm, Tuesdays 8am to 12pm and 2pm to 7.30pm, Wednesdays 8.45am to 12pm and 2pm to 4.30pm after this time patients were diverted to the out of hours service, and Thursday 8.45am and 12pm and 2pm to 7.30pm. Late surgery appointments on Tuesdays and Thursdays were pre-bookable online. Patients could speak with a GP over the phone between 11.30am and 12.30pm or at 6pm daily. Appointments could be booked from three to six months in advance and home visits were available daily if a patient was too ill or infirm to attend the surgery. Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

Longer appointments were also available for older patients, those experiencing poor mental health, patients with learning disabilities and those with long-term

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

conditions. This also included appointments with a named GP or nurse. Home visits were made to local care homes on a specific day each week, by a GP and to those patients who needed one.

The National GP Patient survey information we reviewed from July 2015 showed patients reported inconsistencies in their experience of accessing and making appointments. For example:

- 72% were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 75% described their experience of making an appointment as good compared to the CCG average of 72% and national average of 73%.
- 69% said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 59% and national average of 65%.
- 64% said they could get through easily to the surgery by phone compared to the CCG average of 73% and national average of 73%.

Patients we spoke with were satisfied with the appointments system and said it was easy to use. They confirmed that they could see a GP on the same day if they felt their need was urgent although this might not be their GP of choice. They also said they could see another GP if there was a wait to see the GP of their choice. Comments received from patients also showed that patients in urgent need of treatment had often been able to make appointments on the same day of contacting the practice.

Listening and learning from concerns and complaints

The practice had no defined system in place for handling complaints and concerns. It did not have a complaints policy or procedures reflective of their practice. Complaints were infrequent and the practice manager had taken a lead on all concerns or complaints brought to her attention. They had been resolved as they arose and therefore the practice had not maintained comprehensive records of investigations and responses. The practice had a complaints log with two entries relating to incorrect information on their practice website and a prescription request. The practice had also considered comments on NHS choices and had not identified any themes or trends. Staff told us the practice manager would discuss concerns at the time of reporting but there was no structure or recorded method of disseminating learning from individual complaints and how these had been used to improve the quality of care.

We found there was information available to help patients understand the complaints system. Patients we spoke with were unaware of the process to follow if they wished to make a complaint. However, none of the patients we spoke with had ever needed to make a complaint about the practice.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice mission statement was to provide the best possible treatment to their patients in partnership with other healthcare providers and deliver a professional service. However, the practice had no written strategy.

The practice did not have a formal strategy or business plan. The practice had discussed recruiting to a GP vacancy but the discussions had not been formalised or recorded. The practice acknowledged challenges in recruiting in order to accommodate a potential growth in patient numbers with new local housing and an ageing patient group.

We spoke with eight members of staff and they all knew and understood the vision of the practice to provide high quality care and maintain patient confidentiality. They knew what their responsibilities were in relation to these and had been involved in developing them.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity and used a governance toolkit to assess their standards in this area. Most of the policies had not been individualised to reflect the practice activities and were not known to relevant staff. For example, the clinical team were unaware of the contents of their consent policy.

The practice manager met with the practice nurse to review clinical performance against quality and outcomes framework (QOF) on a weekly basis and with the provider to discuss the performance of the practice. (QOF is a voluntary incentive scheme which financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures). However, practice management meetings were not minuted and actions and outcomes were not recorded.

There was a clear leadership structure with named members of staff in lead roles. For example, there was a lead nurse for infection control and the GP partner was the lead for safeguarding. We spoke with staff and they were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

The GP and practice manager took an active leadership role for overseeing that the systems in place to monitor the quality of the service were consistently being used and were effective. This included using the Quality and Outcomes Framework to measure its performance.

The practice did not have a programme of clinical audits which it used to monitor quality and systems to identify where action should be taken. Evidence from other data from sources, such as incidents and complaints were not recorded in sufficient detail or reviewed collectively to identify areas where improvements could be made. Additionally, there were no formal processes in place to review patient satisfaction and that action had been taken, when appropriate, in response to feedback from patients or staff.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies, which were in place to support staff. These were held electronically and did not all reflect actual practice. We were shown the electronic staff handbook that was available to all staff, which included sections on equality and harassment and bullying at work.

Leadership, openness and transparency

The lead GP in the practice was visible and staff told us that they were approachable and always took the time to listen to all members of staff. All staff felt involved in discussions about how to run the practice and how to develop the practice: the practice encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Practice meetings were held approximately every six months. We looked at the last three sets of practice meeting minutes for September 2014, January 2015 and May 2015. We found that a range of issues had been discussed from appointment management, advertising of the patient participation group and staff welfare. Where actions were allocated these were reviewed at subsequent meetings to ensure they had been actioned and resolved appropriately. For example, staff requested additional zero tolerance information due to experiencing inappropriate behaviour by some patients. Notices were displayed and staff reported improvements in patient conduct towards them. Staff told us that there was an open culture within the practice and they had the opportunity to raise any

Are services well-led?

Requires improvement

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

issues at any time with the practice manager and were confident and felt supported if they did. Staff said they felt respected, valued and supported, particularly by the partners in the practice.

Seeking and acting on feedback from patients, public and staff

The practice did not have systems in place to encourage feedback from patients other than the Friends and Family NHS Test. It reviewed the findings of the National GP Patient Survey and produced an action plan and regularly reviewed and responded to some comments on the NHS choices rating of the practice. The practice had advertised the Patient Participation Group but no patients had registered an interest. (A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care).

The practice had also gathered feedback from staff through daily discussions and staff meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt fully involved and engaged in the practice to improve outcomes for both staff and patients.

Management lead through learning and improvement

Clinical staff told us that the practice supported them to maintain their clinical professional development through training. We looked at staff files and saw that regular appraisals had not taken place since the appointment of staff. But that clinical staff received training and development opportunities to maintain their professional registration and skills to undertake their role. The practice acknowledged that undertaking staff appraisals including those of the practice nurses was an area for improvement.

The practice had completed reviews of significant events but these had been reported and investigated by the same clinician. There was no evidence of them having been discussed with other clinicians or the wider practice team, or reviews being conducted to ensure learning had been disseminated and embedded into practice.

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
Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints Receiving and acting on complaints 16(2) The registered person must establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to carrying on of the regulated activity. We found no established and accessible system for identifying, receiving, recording, handling and responding to complaints. Regulation 16(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Fit and proper persons employed (19)(1) Persons employed for the purposes of carrying on a regulated activity must be of (a) good character, (b) have qualifications, competence, skills and experience which are necessary for the work to be performed by them, and (c) be able by reason of their health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the work for which they are employed. (2) Recruitment procedures must be established and operated effectively to ensure that persons employed meet the conditions in paragraph 1._

This section is primarily information for the provider

Requirement notices

(3) The following information must be made available in relation to each such person employed – (a) the information specific to schedule 3 such as proof of identity including a recent photograph, enhanced criminal records certificate, evidence of qualifications relevant to the duties for which the person is employed or appointed to perform and a full employment history.

We found a member of the clinical team did not have a personnel file, containing identification, references, qualifications or criminal records certificate.

Regulation 19(1)(a)(b)(c), (2)(a) and (3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Good Governance 17(1) Systems or processes must be established and operated effectively to ensure compliance with the requirements such systems or processes must enable the registered person in particular, to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services). We found insufficient governance systems or processes to assess monitor and improve the quality and safety of service such as staff understanding the reporting, investigation of significant incidents and dissemination of findings, the absence of systems and processes for the recording and investigation of complaints and dissemination of findings. Regulation 17(2)(a)of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Safe care and treatment 12(1) Care and treatment must be provided in a safe way for service users. The things which a registered person must do to comply with that paragraph include the proper and safe management of medicines. We found medicines were not stored appropriately and systems of monitoring were ineffective at identifying risks and mitigating them. Staff were unaware of what action to take or how to report potential safety incidents. The practice nurses and healthcare assistant had not been authorised to administer some vaccinations and signed to confirm they had appropriate training and competency to undertake the role safely. Regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.