

# The Gables Medicentre

## Quality Report

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

## Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Gables Medicentre on 19 October 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 ongoing monitoring of significant events, incidents and accidents.
- The arrangements in place to ensure that risks to patients and staff were assessed and well managed

did not meet nationally recognised guidelines. The provider took some action on the day of inspection. For example, a defibrillator was ordered for next day delivery.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- The practice had a programme of continuous clinical and internal audit in order to monitor quality and make improvements.
- The practice invested in staff development and training and provided training for new doctors.
- 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.

# Summary of findings

- Patients said they found it difficult to contact the surgery by telephone especially when trying to make an appointment. The provider had planned to make improvements.
- 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 engaged with and supported by the management.
- The practice proactively sought feedback from staff and patients. Actions were taken as a result of feedback.
- The provider was aware of and complied with the requirements of the duty of candour.

There was one area of outstanding practice:

- The healthcare assistant ran the smoking cessation programme and had been recognised as achieving the highest success rate for GP practices in Coventry in each of the last three years.

Importantly there were areas where the provider must make improvements:

- Ensure that risks to patients and staff are minimised with the completion and review of risk assessments, in particular for legionella and fire.
- Ensure that results from ongoing monitoring checks are reviewed before prescribing high risk medication.

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

- Complete a list of risks identified and formally assess each one.
- Ensure general waste bins in clinical rooms are closed foot operated units.
- Introduce a tracking system to monitor the use of prescriptions.
- Implement a system to monitor the adoption of clinical guidelines.
- Review the information available to patients on the practice website

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services:

- There was an effective system in place for reporting and recording significant events.
- Records of clinical and significant event meetings demonstrated that incidents were fully discussed. Records showed that ongoing monitoring of events had taken place to ensure that systems put in place were appropriate.
- 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.
- The practice had clearly defined and embedded systems and practices in place to keep patients safe and safeguarded from the risk of abuse.
- There was an appointed lead for health and safety but not all risks to patients and staff had been assessed. For example, the practice had not completed a risk assessment on legionella and fire. There was no recorded log of risks identified.
- The provider had some equipment to deal with emergencies. An informal risk assessment had been carried out for the not having a defibrillator. However following discussion on the day of inspection, the provider ordered a defibrillator for delivery the following day.
- There were some gaps in the processes for managing repeat prescriptions for high risk medicines that required monitoring.

**Requires improvement**



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) for 2015/16 showed that the overall achievement of 91% of the available points was below the average when compared to the national average of 95%.
- The practice had similar to average exception rates. The practice overall clinical exception rate of 8.5% was below 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.)

**Good**



# Summary of findings

- Staff were aware of current evidence based guidance to deliver care and but there was no system in place to check they were being followed.
- The practice had a comprehensive programme of clinical audits and the outcomes clearly demonstrated improvements in patient care. Repeat cycles gave the practice good visibility of performance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. There was evidence of staff appraisals and personal development plans for all staff.
- 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.
- Arrangements were in place to gain patients' informed consent to their care and treatment.
- 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.

Good



- 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 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.
- The practice held a carers' register and systems were in place, which identified patients who also acted as carers.
- Arrangements were in place to ensure that patients and carers received appropriate and effective support. Carers were provided with information on local services and offered annual health checks and flu vaccinations.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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.
- Urgent appointments were available on the same day.
- The provider was aware of the low patient satisfaction scores for telephone access. Solutions being explored included a system to prioritise calls at the busiest times of the day.

# Summary of findings

- The practice offered extended hours and telephone appointments 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 although not included on the practice website. The practice had responded quickly when issues were raised. Learning from complaints was shared with staff.

## Are services well-led?

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

- The practice had a vision to deliver high quality care and promote good outcomes for patients. Staff were aware of the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by the management and spoke of a strong learning culture.
- The practice had a comprehensive set of policies and procedures to govern activity and held regular governance meetings.
- There were some arrangements for identifying, recording and managing risks and implementing mitigating actions to ensure that patients and staff were protected from the risk of harm. However there had not been a fire evacuation drill carried out in the preceding 12 months and no risk assessment had been undertaken for legionella.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.
- There was an established patient reference group that completed internal annual patient questionnaires and resultant action plans.

**Good**



# 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.
- Flexible appointments were available for older patients.
- All patients aged 65 and over were offered a health check including blood tests.
- Patients aged over 75 had been advised on their named, accountable GP.
- The practice engaged with community teams involved in care of the elderly population.
- A dedicated telephone line was provided to local care and nursing homes and the GP carried out regular ward rounds.
- Elderly patients at increased risk of hospital admission had a written care plan and a contact card which enabled a dedicated response if needed.

### People with long term conditions

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

Good



- The GPs and nursing team provided home visits for chronic disease management.
- Patients with long-term conditions at increased risk of hospital admission were identified as a priority and had written care plans.
- Published data for 2015/16 showed us that the practices overall QOF performance was in line with local and national averages. However, the practice was an outlier for dementia, osteoporosis and rheumatoid arthritis. The provider was aware of the practice performance and had taken action, for example, they had recently started a pilot project aimed at improving care for those patients with dementia.
- Longer appointments were available when needed and home visits made to patients who were housebound or too ill to attend the practice.
- The GPs and nursing team worked with relevant healthcare professionals to deliver a multidisciplinary package of care to patients with complex needs.
- The practice had a patient call and recall system to invite patients with long term conditions for regular reviews.

# Summary of findings

## Families, children and young people

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

Good



- 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 and they held monthly meetings with the health visitor.
- Immunisation uptake rates for standard childhood immunisations were generally above the CCG and national averages. For example, childhood immunisation rates for the vaccination of children under two years of age ranged from 98% to 100%, children aged two to five 96% to 100% and five year olds from 93% to 100%.
- 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.
- All new registrations with children under five years were notified to the health visiting team in order that any families regularly moving may be assisted directly.
- The practice's uptake for the cervical screening programme was 81%, which was similar to CCG and national averages, both 82%.
- Extended opening provided early morning and late evening appointments five days a week.
- Chlamydia screening and Meningitis ACWY vaccination were advertised as available for patients reaching their teenage years and are promoted within the practice. Contraceptive services with long acting methods were provided through dedicated clinics for any patients registered at the practice.

## 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).

Good



- 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 provider offered extended hours and telephone triage to enable those patients working during the day to access the practice services more effectively.



# 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.
- Extended opening provided early morning appointments each week day morning and on three week days late evening appointments.
- The provider sent birthday cards to patients on their 65th birthday, offering an opportunity to review health, provide vaccination, discuss on-going care and support contacts.

## 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 55 patients with a learning disability and annual health checks had been carried out on 46 of these patients.
- 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.
- Patients whose first language was not English were offered a translation service via telephone or with an interpreter present to support consultations.
- The practice signposted patient to local self-help groups, for example; alcohol and substance misuse services.
- The provider worked with the fire service in actively inviting patients to take up the offer of a free fire check in their home. The fire service highlighted any issues, for example, a chaotic home environment, which may increase vulnerability to falls and lack of compliance with medications.

## 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



- 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. QOF data for the year 2015/16 showed that 77%

# Summary of findings

of patients on the practice register who experienced poor mental health had a comprehensive agreed care plan. This was below the national average of 89%. However the practice had excluded less patients than average (exception reporting rate for the practice was 2.9% compared to the national average of 10%).

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. For example, the community mental health team.
- The practice made specific arrangements to maintain close relationships and contact with patients, both to ensure an on-going stability of mental well-being and also to try and reduce the inappropriate excessive use of other services. For example, there were patients for whom a GP contacted them twice weekly, to provide support.
- The practice maintained a register of patients diagnosed with dementia. The percentage of patients diagnosed with dementia, whose care had been reviewed in a face to face review in 2015/16 was 56%, which was below the national average of 84%. The provider had engaged in a local pilot scheme that included additional training for staff in providing identification, diagnosing and commencing of medication in patients with dementia.
- The practice offered counselling services on site to those patients experiencing mental health issues.

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## What people who use the service say

The national GP patient survey results published in July 2016 showed the practice was generally performing below local and national averages. A total of 285 surveys (2.9% of the patient list) were sent out and 113 (a response rate of 40%) responses were received, which is equivalent to 1.1% of the patient list. For example:

- 53% of the patients who responded said they found it easy to get through to this surgery by phone compared to the national average of 73%.
- 80% 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%).
- 80% 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%).
- 65% 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%).
- 77% 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 one

comment card from a patient who said that they had experienced difficulties when trying to secure an appointment. The comment card stated that obtaining an appointment could be a problem. The provider explained that they had recently introduced a telephone triage system to address a shortage of appointments. There had been three patient reviews posted on the NHS choices website in the preceding 12 months. These reviews highlighted that they were satisfied with the care provided by the practice and the most recent in October 2016 complimented the practice on the triage system. The provider had a patient reference group (PRG). PRGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services.

The practice monitored the results of the friends and family test monthly. The results over a six month period (October 2015 to March 2016) showed that of the 52 responses received 29 were extremely likely to recommend the practice to friends and family if they needed similar care or treatment and 12 patients were likely to recommend the practice. The remaining results showed that four patients were neither likely nor unlikely to recommend the practice, five patients were extremely unlikely to recommend the practice and two said they did not know.

## Areas for improvement

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

Importantly there were areas where the provider must make improvements:

- Ensure that risks to patients and staff are minimised with the completion and review of risk assessments, in particular for legionella and fire.
- Ensure that results from on-going monitoring checks are reviewed before prescribing high risk medication.

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

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

- Complete a list of risks identified and formally assess each one.
- Ensure general waste bins in clinical rooms are closed foot operated units.
- Introduce a tracking system to monitor the use of prescriptions.
- Implement a system to monitor the adoption of clinical guidelines.
- Review the information available to patients on the practice website

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## Outstanding practice

There was one area of outstanding practice:

- The healthcare assistant ran the smoking cessation programme and had been recognised as achieving the highest success rate for GP practices in Coventry in each of the last three years.

# The Gables Medicentre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to The Gables Medicentre

The Gables Medicentre is registered with the Care Quality Commission (CQC) as a partnership of three GPs. The practice has a main surgery in Coventry and a branch surgery in Bedworth, a market town close to Coventry. The practice has good transport links for patients travelling by public transport and parking facilities are available for patients travelling by car. Both premises are owned by the partners. The main premises are on two floors with treatment and consultation rooms on the ground floor. The branch practice is situated in a single storey building. All areas within both premises are accessible by patients who use a wheelchair or parents with a pushchair.

The practice team consists of three full time partners, two male GPs and one female GP. The partners are supported by two salaried GPs who work a combined number of sessions equal to 0.6 whole time equivalent, two whole time equivalent longstanding regular locum GPs and a full time GP registrar. The clinical team consists of two practice nurses and two healthcare assistants. Clinical staff are supported by a full time practice manager, an assistant practice manager, three administration staff, a medical secretary, eight reception staff and two cleaning staff. In addition to the partners, there are a total of 22 staff

employed either full or part time hours to meet the needs of patients. The practice is accredited to train GPs and was planning to extend the training scheme for doctors to offer post training positions.

The practice is open from 7.30am to 6.30pm each week day. Extended hours are offered until 7pm on a Monday and until 7.30pm on a Tuesday and Thursday. Appointments are available from 7.30am to 11.30am in the morning and from 1.30pm to 6pm where they close at 6.30pm, until 6.45pm when they close at 7pm and until 7.15pm when they close at 7.30pm. 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 nearest hospital with an A&E unit and a walk in service is Walsgrave Hospital, Coventry. The nearest walk in centre is Coventry Walk In Centre (two miles away).

The practice has a General Medical Services contract with NHS England to provide medical services to approximately 9,950 patients. It provides Direct Enhanced Services (DES), such as the childhood immunisations, extended hours and asthma and diabetic reviews. The Local Enhanced Services (LES) offered included support to care homes and care plans for vulnerable adults.

The practice population is mainly white British 22% (England average is 17.1%). There are 22% of patients from ethnic minorities, the largest ethnic minority being Asian patients (15% of the practice population). There are pockets of deprivation in the practice area which makes the overall deprivation figure higher than average. The income deprivation affecting children of 23%, was higher than the national average of, 20%. The level of income deprivation affecting older people of 23%, was higher than the national average (16%). The age demographic for the practice

# Detailed findings

patients is similar to national averages. For example, 23% of patients are under the age of 18 (national average 21%) and 16% of patients are aged 65 and over (national average 17%).

## 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 19 October 2016.

During our visit we:

- Spoke with a range of staff including the partners, GPs, a practice nurse, the healthcare assistant, the practice manager and administration staff.

- 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 an electronic 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.

We found that significant event records were maintained and the systems put in place prevented further occurrence. Significant event records were clearly documented at the time they were reported. Action points recorded on the significant event forms were used to inform staff of the event as a standing agenda item 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. Staff verbally reported incidents and events to the practice manager and a weekly meeting was held with the partners and clinical staff where events were reviewed and any new events discussed. Records of events 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. For example, a practice nurses registration had accidentally not been renewed due to payment issues and this resulted in the nurse carrying out duties without being registered. All patients seen during the time were written to with an explanation.

Records we looked at showed that three significant events, both clinical and operational had occurred since April 2016. In addition there was a list of incidents and near misses that were seen as recorded and discussed at practice meetings. One of the significant events related to a patient who had a respiratory arrest on the same day that treatment had been administered by a GP at the practice. The incident was reviewed in a dedicated meeting and the

patient contacted. Learning points were documented and shared. These included liaison and referral to a respiratory physician to gain a better understanding of the most appropriate ongoing treatment.

The practice manager was responsible for reviewing and disseminating alerts when appropriate. The practice used an electronic system that provided an audit trail of alerts sent to staff. There were systems in place to ensure they were acted on. Alerts were screened and when appropriate, logged and forwarded to the appropriate practice staff. Alerts were a standing agenda item at the clinical meetings. Non-clinical alerts were disseminated manually to administration staff. The practice manager was able to give an example of a recent alert for a medication used to treat diabetes. The practice manager had actioned the alert appropriately, a search had been run and no action was required. Alerts were shared with the wider practice team at clinical meetings.

### 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 available 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 was the safeguarding lead for adults and 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 that they provided reports where necessary for other agencies and attended in person for more complicated cases. 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 and hospitals and followed up by telephone those who did not attend for childhood vaccinations and immunisations. The practice had safeguarding as a standing agenda item for clinical meetings and discussed any concerns about children with a named health visitor and other relevant professionals. The practice gave a number of examples of when patients had been identified as vulnerable and when appropriate issues reported to the safeguarding board when concerns were identified of individuals in a position of trust.



## Are services safe?

A notice was displayed in the waiting room, on the reception desk, in treatment rooms and in consultation rooms advising patients they could access a chaperone, if required. All staff who acted as chaperones were trained for the role. Staff files showed that criminal records checks had been carried out through the Disclosure and Barring Service (DBS) for staff that 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). Clinical staff normally acted as chaperones but reception staff undertook this role when required. Staff clearly described their role, for example, staff knew where to stand when acting as a chaperone. 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 encouraged GPs to request a chaperone when carrying out a sensitive/intimate examination on a member of the opposite sex. The offer and presence of chaperones was recorded on the patient notes.

The practice was situated in two buildings owned and maintained by the partners. We observed both 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 practice manager. The practice nurse was the clinical lead for infection prevention control (IPC) and received update training through a local nursing training forum. There was an IPC protocol in place and staff had received up to date training. Annual IPC audits were normally undertaken and we saw evidence that action was taken to address any improvements identified as a result. The last IPC audit had been completed in June 2015 and the next was scheduled for 2016 once actions identified had been completed (the delay was due to major work on new flooring throughout the downstairs of the building). 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 city council. The contract included 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 but general waste bins were

not closed foot operated closure units. The provider employed their own cleaning staff and reviewed cleaning schedules on a regular basis. We were told that the nursing staff were responsible for emptying the clinical waste bins. 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 a flu jab.

There were arrangements for managing medicines in the practice. Medicine prescribing practices we reviewed showed that most systems in place for patients to receive a formal review of their medicines were effective.

- There were processes for managing repeat prescriptions for high risk medicines that required monitoring. All patients on high risk medicines were on acute prescriptions that meant a GP had to authorise each time a medication was issued. Unless it compromised patient safety, the practice had a policy to not issue a prescription for medicine until the test results were available. Patients seen to be non-compliant with the medicine issued were followed up. The exception was the management of patients on methotrexate (a medicine used to treat rheumatoid arthritis). Shared care arrangements were not effective as the GP prescriber did not have the appropriate test results required to determine the strength required. This issue was ongoing and the lead GP raised this with the consultant in secondary care on the day of the inspection.
- 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 GP authorisation of a data entry made by administration staff that added and removed patient repeat medication items following their discharge from hospital.
- Formal arrangements for the review of patient medicines were in place. For example patients on repeat medicines were reviewed every six months by the GP remotely or in a GP consultation when deemed necessary.

We found that blank computer forms and prescription pads were securely stored but there was no system to ensure their use was monitored. The practice had systems for ensuring that medicines were stored in line with



# Are services safe?

manufacturers guidance and legislative requirements. This included daily checks to ensure medicines such as vaccines were kept within a temperature range that 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. Patient specific directives (PSDs) were in place for the HCA but did not always include advance authorisation for example when opportunistic flu jabs were given. The provider implemented a system on the day of inspection to ensure that any opportunistic immunisation was authorised in advance.

We reviewed the staff files for four staff employed at the practice, two administration staff and two locum GPs. We found that all appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, health checks, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). Records showed that all permanent staff had criminal records checks carried out through the DBS. Appropriate checks were carried out to confirm locum GPs at the practice were registered to practice with their professional body, the General Medical Council (GMC) and information was held on employment history, qualifications, references and appropriate checks through the DBS to confirm the suitability of the GP to work with patients.

## Monitoring risks to patients

The property was well maintained but the procedures in place for monitoring and managing risks to patient and staff safety were not always in line with current guidelines or legislation. For example, the provider did not have a list of risks identified and had not undertaken a legionella risk assessment. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

The practice had a health and safety policy available and the mandatory poster was displayed in the reception area. The poster identified the named health and safety lead at the practice.

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 October 2016 and electrical safety checks had last been carried out in October 2016.

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 with appropriate skills were on duty. The practice used GP locums to support the clinicians and meet the needs of patients at the practice at times of absence. Holidays were coordinated where necessary to ensure that no more than two members of staff had annual leave at the same time.

## Arrangements to deal with emergencies and major incidents

The practice had some arrangements in place to respond to emergencies and major incidents. There was an instant messaging system on the computers in all rooms. An emergency panic button in the reception, consultation rooms and treatment rooms alerted staff to any emergency. There was a practice policy to have no fewer than two staff in the building at any given time except for the cleaner, who was required to be contactable by mobile phone when in the building. The practice had a first aid box and an accident book which staff were aware of. Staff training records showed that all staff had received annual training in basic life support and staff spoken with confirmed this. The practice had no defibrillator (this provides an electric shock to stabilise a life threatening heart rhythm) on the premises and there was no comprehensive risk assessment. The provider ordered a defibrillator on the day of the inspection for delivery on the following day. There was oxygen 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.

The practice had not undertaken a fire evacuation drill in the preceding 12 months. There was a fire risk assessment carried out in 2008 with a review date of 2009. This had not been reviewed and outstanding actions included ensuring all fire doors were kept closed. The provider did provide annual fire safety training to all staff.

## Are services safe?

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 and electronic copies could be viewed in the practice or remotely.

# 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. The provider regularly discussed NICE guidelines in the weekly clinical meetings and learning was discussed and shared. However, there was no system such as audit to check that guidelines had been adopted.

### 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 91% of the total number of points available. The practice QOF percentage points overall were below the local Clinical Commissioning Group (CCG) average and the national average of 95%. The practice overall clinical exception rate of 8.5% was the same as the CCG average and below 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 (140/80 mmHg or less) was better than the local average and similar to the national average (86% compared to the local average of 77% and national average of 88%). The practice exception reporting rate of 9.3% was higher than the local CCG average of 8.4% and the national rate of 9.2%.
- Performance for the percentage of patients with Chronic Obstructive Pulmonary Disease (COPD) who had a

review undertaken the preceding 12 months was 91% which was the same as the local CCG and better than the national average of 90%. COPD is the name for a collection of lung diseases. The practice exception reporting rate of 7.6% was lower than the CCG average exception rate of 10.8% and national average of 11.5%.

The practice QOF results in some areas were below the local CCG and England averages:

- Performance for mental health related indicators was 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 77%, compared to the CCG average of 86% and England average of 88%. The practice had exception reported five of the 77 patients for this clinical area, equivalent to 6.5% (the local CCG average exception rate was 10.4% and England average was 12.7%). The provider told us that this had been an isolated year when clinical leads were not in place. Data viewed from previous QOF years confirmed this.
- The percentage of patients diagnosed with dementia whose care had been reviewed in

a face-to-face review in the preceding 12 months was below the local CCG and national average (56% compared to the CCG average of 81% and England average of 84%). The practice clinical exception rate of 10.5% for this clinical area was higher than the local CCG average of 6.3% and the England average of 6.8%. The practice had recently signed up to a pilot project to improve the care of patients diagnosed with dementia.

The practice had call/recall system for patients with long term conditions to remind the patients that their review was due. The practice had identified patients at higher risk of hospital admission and had introduced appropriate care plans where required for the ongoing management of these patients. These care plans were reviewed at monthly multi-disciplinary team meetings or opportunistically when patients attended. Action plans were developed with other healthcare professionals when areas of patients' care needed to be reviewed. Evidence was available to show that the practice had systems in place to follow up patients

# Are services effective?

## (for example, treatment is effective)

that had not attended reviews of their condition either at the practice or at the hospital. Special notes were documented and shared with other healthcare professionals. For example, the out of hours service.

Clinical audits carried out demonstrated quality improvements to care, treatment and patients' outcomes. We saw that six clinical audits had been completed in the last year; these were a mix of single phase and cyclical audits both clinical and administrative. One of the audits looked at the diagnosis of patients at risk of Type 2 diabetes and a common pathway of treatment to be used by all clinicians. The second cycle demonstrated that the practice had increased the patients identified as at risk of diabetes by 48% since the introduction of the programme. This enabled the provider to intervene and manage those patients when required. The care pathway agreed by all clinicians was integrated and on-going audit cycles to review effectiveness of interventions and identification of patients at risk were planned.

### 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 received annual appraisals and records detailed development plans for all staff. The GPs, practice nurses and healthcare assistants had all completed clinical specific training updates to support annual appraisals and had personal development plans to support revalidation. The practice nurses and healthcare assistants received training and had attended regular updates for the care of patients with long-term conditions and administering vaccinations.

### 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 electronic system. 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 (using a system of 'special patient notes' shared through an online system) so they were aware of the patient's wishes and treatment choices when the practice was closed. 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. The practice used the gold standards framework for palliative care.

### Consent to care and treatment

Staff sought patients' 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' consent had been recorded clearly using nationally recognised standards. For example, when consenting to certain tests and treatments such as vaccinations and in do not attempt cardio-pulmonary resuscitation (DNACPR) records. Audits were carried out to check that consent was obtained.

### Supporting patients to live healthier lives

# Are services effective?

(for example, treatment is effective)

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.

- Patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, smokers and those requiring advice on their diet and alcohol cessation.
- Patients were signposted to relevant health promotion services for example, a healthy living service and gym membership.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients, NHS health checks for patients aged 40-74 years and patients aged 75 years. This service was provided by the practice nurses and healthcare assistants with support from a GP when required.
- The healthcare assistant ran the smoking cessation programme and had been recognised as achieving the highest success rate for GP practices in Coventry in each of the last three years.

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 2014/15 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 98% to 100%. Children aged two to five ranged from 96% to 100%, and five year olds from 93% to 100% of eligible patients.

We saw that the uptake for cervical screening for women between the ages of 25 and 64 years in the preceding five years was 81%, which was in line with the CCG and England averages, both 82%. The practice was proactive in following these patients up by telephone and sent reminder letters. Public Health England national data showed that the number of females aged 50-70 years, screened for breast cancer in last 36 months was 72%, the same as the average across England. Data for other cancer screening indicators such as bowel cancer were similar to local and national averages.

We saw that health promotion information was displayed in the waiting area and also made available and accessible to patients on the practice website. The nurses and healthcare assistant 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 private. To promote confidentiality telephone calls were responded to away from the front desk to support the privacy of patients when speaking to reception staff at the desk. If patients wanted to discuss something privately or appeared distressed a private area was available where they could not be overheard.

We reviewed the data from the GP national patient survey last published in July 2016, collected one Care Quality Commission patient comment card completed and viewed comments from patients posted on the NHS Choices website. Patients comments indicated that the appointment system was not satisfactory. The provider had acted and recent comments suggested that improvements had been made. For example, the introduction of a telephone triage system resulted from patients' criticism of the appointment system and was complimented in some of the recent patient feedback.

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

- 90% of the patients who responded said the last GP they saw or spoke with was good at listening to them compared to the Clinical Commissioning Group (CCG) average and national average, both 89%.
- 88% of the patients who responded said the GP gave them enough time (CCG average and national average both 87%).
- 95% of the patients who responded said they had confidence and trust in the last GP they saw (CCG average and national average both 95%).

- 85% of the patients who responded said the last GP they spoke to was good at treating them with care and concern (CCG average and national average both 85%).

The practice was similar to the average satisfaction scores on consultations with the nurse. For example:

- 85% of the patients who responded said the last nurse they saw or spoke with was good at treating them with care and concern (CCG average 90%, national average 91%).
- 90% of the patients who responded said the last nurse they saw or spoke with was good at listening to them (CCG average and national average 91%).
- 92% 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 below local CCG and national average. Data showed that:

- 77% of the patients who responded said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

The practice were aware of the results and said that issues had been addressed with the reception team. For example, the telephones were moved to an upstairs 'hub' to allow the reception area to be a face to face meet and greet area. This change was made in March 2016 and the patient survey data was captured between July 2015 and July 2016. Therefore the provider anticipated the feedback from patients to improve.

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

Patients generally felt involved in decision making about the care and treatment they received. The survey results showed 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:

- 88% 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%.



## Are services caring?

- 71% of the patients who responded said the last GP they saw was good at involving them in decisions about their care (CCG average 81%, national average 82%).
- 88% of the patients who responded said the last nurse they saw or spoke to was good at explaining tests and treatments (CCG average 89%, national average 90%).
- 82% of the patients who responded said the last nurse they saw was good at involving them in decisions about their care (CCG average and national average 85%).

The practice had reviewed the feedback through direct feedback forms by clinician. The feedback forms were positive and the provider felt that the 30 minutes consultations given by GP registrars resulted in the lower scores for involvement by GPs (the majority of GPs had 10 minute appointment slots).

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

The practice had a carers' policy in place, which staff were aware of. This included asking patients if they also acted as carers when first registering with the practice. Written information was available for carers to ensure they understood the 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. Carers identified were sent a letter offering review with the

GP and nurse (if registered at the practice) and the flu immunisation. The letter included information on contact details for local and support services and invited contact with the surgery to obtain further details. There were 202 carers on the practice carers register, which represented 2% of the practice population. The practice's computer system alerted the GPs and nurse if a patient was also a carer and there was a recall system in place for carers to be invited for their flu vaccination and health check.

Staff told us that if families had suffered bereavement, a template was used to collate all required information such as next of kin details. A card was always sent out to the family offering an appointment with a short letter offering support and any assistance. Leaflets and a letter giving essential information on bereavement was sent out to the families of patients. 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 email and the practice told us that any unexpected death was discussed at the next clinical meeting. There was a checklist to ensure that all outside organisations involved in the patient's care were informed. The practice had a high percentage of patients who were Irish or Muslim. The letter sent or handed to the patient explained to families the barriers to fulfil requests for an early burial.

# 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 (30 minute appointments were given in dedicated clinics to carry out the annual health checks) at a time which was suitable to them and their carer.
- With administration support, the senior administrator followed up all patients on the admission avoidance register following their discharge from hospital and any issues identified for discussion at the next scheduled weekly clinical meetings or sooner if required.
- 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 for those registered to use the service. Comments added to patient notes have been adapted to help patients understand. For example, where results from investigations were outside the set parameters, the comment would read 'results reviewed and acceptable' instead of 'no action'.
- Facilities for patients with mobility difficulties included a ramp for ease of access to the entrance of the practice. The doors to the practice were not automatic but the front entrance was in view of the reception area and staff told us they supported 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 but the provider had undertaken additional training to assess and diagnose and commence medication at the practice.
- Access was available to translation and interpretation services to ensure patients were involved in decisions about their care. The practice planned to update its website to include a number of languages. The practice accessed material available in foreign languages through the Clinical Commissioning Group (CCG) when required.

- 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. Reception staff were trained to ask a set of questions to prioritise the request before passing the information to the on call GP.
- Staff told us that there was an unwritten policy to offer same day appointments for children aged under five as well as patients assessed as requiring an urgent appointment.

### Access to the service

The practice was open each week day between 7.30am and 6.30pm. Appointments were available throughout the day through a rolling rota so appointments could be made each week day from 8.30am 6.30pm. Extended hours were offered on a Monday until 7pm (last appointment 6.45pm) and on a Tuesday and Thursday until 7.30pm (last appointment 7.15pm). 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 Walsgrave Hospital, Coventry. The nearest walk in centre is Coventry Walk In Centre (two miles away). The information was not available on the practice website.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below local and national averages for opening hours:

- 74% of patients were satisfied with the practice's opening hours which was similar to the CCG average of 75% and national average of 76%.

However, the responses on telephone access were below the local and national averages:

- 53% patients said they could get through easily to the surgery by phone (CCG average and national average 73%).

The practice said they had put in a bid to increase the number of telephone lines from ten to twelve to allow more staff to answer the telephones at the busiest times. Telephone triage was being considered to be moved to a



# Are services responsive to people's needs?

(for example, to feedback?)

dedicated mobile telephone number to free up telephone lines and patients were being encouraged to use the online access and email when possible. For example, the reception was promoting the online repeat prescription service to those requesting repeat prescriptions.

The practice had a system in place to assess whether a home visit was clinically necessary. The duty GP had the responsibility for coordinating the patients 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 only.

## Listening and learning from concerns and complaints

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 six 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. The written response letter from the practice did not include details of who to contact if not happy but the practice told us that a complaints leaflet was sent out with each response. This leaflet included the contact details for the ombudsman.

Records showed that complaints were discussed at practice meetings. We saw that lessons were learnt from concerns and complaints and action was taken to improve the service. We saw that information available to help patients understand the complaints system included leaflets available in the reception area but there was no information 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 written set of aims that set out a non-hierarchical approach to providing treatment and to create a motivated and skilled workforce through training, support, supervision and guidance. Staff we spoke with were aware of the values and said they felt involved in the future plans for the practice. The practice produced a five year business plan that was reviewed annually.

### Governance arrangements

Governance arrangements within the practice were generally comprehensive and inclusive. We saw examples of regular clinical governance and communication with the full practice team:

- 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.
- The practice held weekly clinical meetings and quarterly full practice meetings.
- Practice specific policies and procedures were implemented and were available to all staff. An internal shared computer folder was used to advise staff when key policies were updated or of any new policies.
- We found that systems were supported by a strong management structure and clear leadership.
- Clinical and internal audits were carried out and the outcomes used to monitor quality and make improvements.

However there gaps in the governance of health and safety:

- Arrangements for identifying, recording and managing risks and implementing mitigating actions were not in place to ensure that patients and staff were protected from the risk of harm. These included the arrangements for fire evacuation drills and legionella testing.

### Leadership and culture

The GP partners and practice manager partner 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

felt comfortable enough to raise any concerns when required and were confident these would be dealt with appropriately. Some members of staff were particularly positive about the support given to their professional development. The provider arranged team building sessions for staff held annually away from the practice.

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 was 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 which involved all staff were held and staff felt confident to raise any issues or concerns at these meetings. Standing agenda items included significant events, complaints and safeguarding. 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 patient reference group (PRG) and met regularly with staff from the practice. The practice had implemented a telephone triage service in response to negative comments from patients on access to appointments. Annual patient surveys were collated with input from the PRG and action plans produced as a result.

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

# Are services well-led?

Good 

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

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. The practice was a training practice and had

plans to extend this to train more GPs. A number of staff we spoke with complimented the partners on providing an excellent learning environment that provided both financial support and an investment of time from the partners to develop individuals.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The registered provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>For example:</p> <ul style="list-style-type: none"><li>-The monitoring of patients on high risk medicines.</li><li>-No risk assessment had been completed for legionella and fire.</li></ul>