

# Dr S A Mushtaq & Partners

## 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?

Good



Are services effective?

Good



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 S A Mushtaq & Partners on 5 July 2016. We previously inspected the practice in February 2015 and rated them as requiring improvement. Following our inspection on 5 July 2016 overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- 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. However, the practice did not demonstrate a robust and consistent approach to managing complaints. We saw that patients were encouraged to give feedback but evidence to support action taken in response to complaints was variable.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

- The practice was classed as a POCT (point of care testing) hub practice within the locality, and alongside six other practices was offering patients additional services not always found within a GP setting. For

# Summary of findings

example, Dr S A Mushtaq & Partners was able to offer D-dimer and deep vein thrombosis (DVT) testing for patients. (D-dimer tests are used to rule out the presence of a blood clot).

The area where the provider must make improvement is:

- Ensure a robust system is implemented to ensure that complaints are managed appropriately.
- Ensure records are maintained securely in relation to governance arrangements, including but not limited to records for complaints received and action taken, infection control audits and personnel files.

The areas where the provider should make improvement is:

- Develop systems to identify and support more carers in their patient population.
- Continue to monitor the results from the patient survey and establish an action plan for areas which are identified as requiring improvement.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons learnt were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received support, an explanation of events, and an apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The practice maintained effective working relationships with other safeguarding partners such as health visitors.
- There were appropriate systems in place to protect patients from the risks associated with medicines management and infection control.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were largely comparable to the national average.
- The practice recognised that their patient demographic posed challenges, in particular when reviewing patients with long term conditions. The practice made continued efforts to ensure these patients received the required monitoring by contacting them regularly through letters and telephone calls.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Whilst historic records of appraisals were not available, staff we spoke with informed us that they received annual appraisals. We saw evidence of plans for the new management team to undertake appraisals in July 2016.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

# Summary of findings

- Clinical staff were aware of the process used at the practice to obtain patient consent and were knowledgeable on the requirements of the Mental Capacity Act (2005).
- The practice was proactive in encouraging patients to attend national screening programmes for cervical, breast and bowel cancer.

## Are services caring?

The practice is rated as good for providing caring services.

**Good**



- Data from the national GP patient survey published in January 2016 showed patients rated the practice below others for several aspects of care. These lower scores were not corroborated in our discussions with patients on the day of our inspection.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice held a register of patients identified as carers. They had identified 0.6% of their patient population as carers and recognised the need to actively encourage more carers to identify themselves so that they could be supported.

## Are services responsive to people's needs?

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

**Requires improvement**



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Milton Keynes Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the lead nurse for diabetes was also the diabetic lead nurse for the locality and had been responsible for developing protocols for diabetes management for all practices under the Milton Keynes CCG.
- The practice was classed as a POCT (point of care testing) hub practice within the locality, and alongside six other practices was offering patients additional services not normally found within a GP setting. For example, Dr S A Mushtaq & Partners was able to offer D-dimer and deep vein thrombosis (DVT) testing for patients. (D-dimer tests are used to rule out the presence of a blood clot).

# Summary of findings

- Patients said they were able to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- 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. However, the practice did not demonstrate a robust and consistent approach to managing complaints. Records to support actions taken in response to complaints were variable. The practice had recognised this as an area in need of improvement prior to our inspection and we saw evidence of newly implemented protocols and procedures for handling complaints in the future.

## Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had a clear vision to provide high quality holistic patient care. They aimed to provide a professional service in a friendly and caring way and promote wellbeing in their local community. Staff we spoke with understood these aims and demonstrated their commitment to achieve them.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- We found some evidence of governance processes at the service, but the leadership team had not ensured that this was effective in all areas. The practice were unable to demonstrate a robust system for maintaining records, particularly in relation to complaints, infection control audits and personnel files.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- There was a strong focus on continuous learning and improvement at all levels.

**Requires improvement**



# 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 provider was rated as requires improvement for providing responsive services and well-led. The concerns which led to these ratings apply to everyone using this practice, including this population group. There were however, some examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided influenza, pneumonia and shingles vaccinations.
- All patients over the age of 75 years had a named GP.
- Patients over the age of 75 years were included in the practices category of red line patients. These patients had a care plan in place and had access to a mobile bypass number providing direct access to a GP.
- The practice ensured a room was available for AgeUK to offer a weekly drop in clinic for patients on site.

Requires improvement



### People with long term conditions

The provider was rated as requires improvement for providing responsive services and well-led. The concerns which led to these ratings apply to everyone using this practice, including this population group. There were however, some examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was comparable to the clinical commissioning group (CCG) and national averages. For example, the percentage of patients with diabetes, on the register, in whom the last blood glucose reading showed good control in the preceding 12 months, was 73%, where the CCG average was 74% and the national average was 78%.
- Longer appointments and home visits were available when needed.

Requires improvement



# Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with more complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- These patients also had access to the practice's red line bypass number for direct access to a GP.

## Families, children and young people

The provider was rated as requires improvement for providing responsive services and well-led. The concerns which led to these ratings apply to everyone using this practice, including this population group. There were however, some examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 88%, which was comparable to the CCG average and national averages of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Family planning and contraceptive advice was available.

**Requires improvement**



## Working age people (including those recently retired and students)

The provider was rated as requires improvement for providing responsive services and well-led. The concerns which led to these ratings apply to everyone using this practice, including this population group. There were however, some examples of good practice.

- 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.

**Requires improvement**





# Summary of findings

- The practice provided health checks to all new patients and carried out routine NHS health checks for patients aged 40-74 years.
- Through the Prime Ministers Challenge Fund (PMCF) the practice offered additional appointments between 7am and 8am Monday to Friday, between 6.30pm and 8pm on Tuesdays, Wednesdays and Thursdays and between 8am and 12 pm on Saturdays. The practice worked alongside other local practices also receiving the PMCF to increase access to GP appointments across the locality. These extended hours appointments were available to patients within the locality not registered at the practice.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs of this age group.
- The practice employed a nurse to provide smoking cessation advice to patients during a designated clinic held on Saturdays.

## People whose circumstances may make them vulnerable

The provider was rated as requires improvement for providing responsive services and well-led. The concerns which led to these ratings apply to everyone using this practice, including this population group. There were however, some examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments and annual reviews for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice held palliative care meetings in accordance with the national gold standards framework involving district nurses, GP's and the local Willen Hospice nurses.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how 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 in normal working hours and out of hours.
- The practice held a register of patients identified as carers. They had identified 0.6% of their patient population as carers and recognised the need to actively encourage more carers to identify themselves so that they could be supported.

## Requires improvement



# Summary of findings

## People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for providing responsive services and well-led. The concerns which led to these ratings apply to everyone using this practice, including this population group. There were however, some examples of good practice.

- 95% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was better than the CCG average of 78% and national average of 84%.
- The percentage of patients with diagnosed psychoses who had a comprehensive agreed care plan was 94% where the CCG average was 86% and the national average was 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice 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.
- The practice had a system in place to follow up patients who had attended A&E where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

## Requires improvement



# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing below local and national averages. 354 survey forms were distributed and 120 were returned. This represented a response rate of 34% (less than 1% of the practice's patient list).

- 33% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 59% and national average of 73%.
- 52% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 67% and national average of 76%.
- 71% of patients described the overall experience of this GP practice as good compared to the CCG average of 76% and national average of 85%.
- 52% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 69% and national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received five comment cards which were positive about the standard of care received. Comments made referred to caring staff and a helpful service. One comment referred to difficulty in booking appointments on some occasions.

We spoke with 10 patients and a member of the patient participation group (PPG) during the inspection. (The PPG is a group of patients who work with the practice to discuss and develop the services provided). All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The practice also sought patient feedback by utilising the NHS Friends and Family test. The NHS Friends and Family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. Results from November 2015 to March 2016 showed that 77% of patients who had responded were either 'extremely likely' or 'likely' to recommend the practice.

# Dr S A Mushtaq & Partners

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Dr S A Mushtaq & Partners

Dr S A Mushtaq & Partners is also known as Wolverton Health Centre and provides a range of primary medical services, including minor surgical procedures from its location on Gloucester Road in Wolverton, Milton Keynes. The practice holds a Personal Medical Services (PMS) contract for providing services, which is a locally agreed contract between general practices and NHS England for delivering personal medical services to local communities.

The practice serves a population of approximately 15,300 patients with higher than average populations of males and females aged 0 to 14 and 25 to 39 years. There are lower than average populations of patients aged 45 to 85+ years. The practice population is of mixed ethnic background with a high proportion of patients of South Asian origin. National data indicates the area served is one of slightly higher than average deprivation in comparison to England as a whole.

The clinical team consists of one female and five male GP partners, one nurse practitioner, four practice nurses and two health care assistants. In addition the practice employs a pharmacist to monitor and advise on prescribing. The team is supported by a practice manager, deputy practice manager and a team of administrative staff.

Since our last inspection the practice had undergone considerable staff changes. In the last eight months the practice saw the retirement of a GP partner and several other members of the practice team are also no longer working at the practice. New members of staff are now in post and the practice was recruiting for at least one new GP partner.

The practice operates from a two storey purpose built property and patient consultations and treatments take place on the ground level and first floor. There is a car park directly outside the practice for staff and patients, with designated disabled parking available.

Dr S A Mushtaq & Partners is open between 8am and 6.30pm Monday to Friday. In addition, the practice receives funds from the Prime Ministers Challenge Fund (PMCF) to provide extended hours appointments to patients across the locality, including those not registered with the practice. Other local practices also in receipt of the PMCF are involved in providing these extended hours appointments. These appointments are available from 7am to 8am Monday to Friday, between 6.30pm and 8pm on Tuesdays, Wednesdays and Thursdays and between 8am and 12 pm on Saturdays.

The out of hours service is provided by Milton Keynes Urgent Care Services and can be accessed via the NHS 111 service. Information about this is available in the practice and on the practice website and telephone line.

At the time of our inspection, the registration of Dr S A Mushtaq & Partners with CQC to provide regulated activities was not accurate and we had not been notified of changes made to the partners at the practice, as required under the CQC (Registration) Regulations 2009. The practice has now taken steps to complete the necessary application to ensure their registration with us is accurate.

# Detailed findings

## Why we carried out this inspection

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

## How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 5 July 2016. During our inspection we:

- Spoke with a range of staff including three GP partners, a practice nurse, a health care assistant, the practice manager and deputy practice manager.
- We spoke with patients who used the service.
- Observed how staff interacted with patients.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system and in a folder in the reception office. The incident reporting form 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 saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, an explanation of events, a written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, following an investigation of an error relating to a blood test that should have been carried out at the hospital instead of the practice, we saw that the concerned party had been informed and remedial actions taken. Learning was shared within the practice to reduce the risk of recurrence.
- The practice maintained a log of significant events and these were discussed as a standing item on the agenda at weekly clinical meetings, to ensure that lessons learnt were shared and monitored. We were told of plans to share significant events at whole team practice meetings.

We reviewed safety records, incident reports, MHRA (Medicines and Healthcare products Regulatory Agency) alerts, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons learnt were shared and action was taken to improve safety in the practice. For example, we saw that a medicines alert was received regarding a type of diabetic testing strip. The practice contacted all patients affected by the alert to ensure they were not at risk and had the required information needed to ensure they were testing accurately. We also saw evidence that an alert was received regarding a medicine used for the treatment of nausea and sickness. The practice contacted all patients affected by the alert and changed their prescriptions accordingly to ensure they were not at risk.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a GP lead for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to the appropriate level to manage child (level 3) and adult safeguarding.
- A notice in the waiting room and treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. At the time of our inspection we were told that the newly appointed practice nurse was the infection control clinical lead who would liaise with the local infection prevention team to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. We saw that a risk assessment had been conducted in February 2016 and the practice had taken steps to improve as a result. For example, they had decided to use single use medical items only rather than sterilising medical instruments. Infection control audits were undertaken however historic records of audits were not available on the day of inspection.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat

## Are services safe?

prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the Milton Keynes Clinical Commissioning Group (CCG) medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. The CCG had also funded an in house pharmacist to support them in conducting audits and monitoring their prescribing practices.

- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. The practice had recently employed a nurse practitioner who had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed four personnel files and found 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. However, records were not well organised. Some historic records of DBS checks were not readily available. The new managers at the practice had recognised this and were implementing improved systems to manage staff records. We also saw that new DBS checks for all staff members were underway, which were evidenced through the provision of proof of applications made. We were told that GP partners had historically kept their own personnel files. The new managers had made efforts to improve this process by ensuring copies were also available at the practice. However, whilst the majority were available to us on the day of our inspection documentation relating to one of the GP partners was not available. The GP partners available on the day assured us that all partners had undertaken appropriate background checks when joining the practice as a standard procedure. The day after our inspection the practice forwarded some additional records including proof of identification and registration with the appropriate professional body.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy available with a poster in the staff area which identified local health and safety representatives. The practice had up to date fire risk assessments and whilst staff informed us that fire drills were conducted records were not kept to record these. The practice told us that they would ensure fire drills were recorded in future. Two members of staff were named as Fire Marshalls. Fire alarms were tested weekly and the practice had a variety of other risk assessments in place to monitor safety of the premises such as Control of Substances Hazardous to Health (COSHH), infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- All electrical equipment was checked annually to ensure the equipment was safe to use and clinical equipment had been checked in December 2015 to ensure it was working properly. We saw that testing was scheduled again for December 2016.
- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Staff informed us they worked flexibly as a team and provided additional cover if necessary during holidays and absences.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.

## Are services safe?

- 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 and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure

or building damage. The plan included emergency contact numbers for key suppliers and stakeholder organisations. A copy of the plan was also held securely off site by five members of staff.



# 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. All GPs in the practice led on specialist clinical areas including dermatology, palliative care, diabetes and dementia. There was a list of GP leads clearly displayed in the reception area and in all clinical rooms.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. For example, we saw that the practice had responded to an update in NICE guidance regarding preferred medication for patients with type two diabetes. The diabetes lead nurse had spoken to affected patients, educating them on the rationale behind the change, before putting a request through to the GP to change their medication accordingly.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed other QOF targets to be similar to local and national averages:

Performance for diabetes related indicators was comparable to the clinical commissioning group (CCG) and national averages. For example:

- The percentage of patients with diabetes, on the register, in whom the last blood glucose reading showed good control in the preceding 12 months, was 73%, where the CCG average was 74% and the national average was 78%. Exception reporting for this indicator

was 18% compared to a CCG average of 13% and national average of 12%. (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).

Performance for mental health related indicators was comparable to local and national averages. For example:

- The percentage of patients with diagnosed psychoses who had a comprehensive agreed care plan was 94% where the CCG average was 86% and the national average was 88%. Exception reporting for this indicator was 37% compared to a CCG average of 18% and national average of 13%.

The percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness in the preceding 12 months was 90% which was comparable to the CCG average of 88% and national average of 90%. Exception reporting for this indicator was 16% compared to a CCG average of 12% and national average of 11%.

The practice recognised that their exception reporting was high and ascertained this to challenges they faced with their practice demographic. A high proportion of their population were of South Asian origin and a large proportion of this group left the UK for several months of the year; between September and April. This made it very difficult for the practice to review these patients regularly. The practice had made continued efforts to ensure these patients received the required monitoring by contacting them regularly through letters and telephone calls. We were also told that the majority of GP partners were multi lingual and would call patients and speak to them in their preferred language where possible, to explain the need to attend appointments.

There was evidence of quality improvement including clinical audit.

- The practice demonstrated clinical audits were conducted regularly. We saw evidence of full cycle audits completed in the last two years where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent actions taken as a result included improvements to monitoring patients with COPD

# Are services effective?

## (for example, treatment is effective)

(chronic obstructive pulmonary disease) , following an audit of medication prescribed to patients with asthma and COPD. The audit demonstrated that a high number of patients were failing to attend their review appointments and that there were errors in computer coding of patients with these conditions. The practice made changes following the audit, including the adoption of more telephone consultations for patients who preferred not to visit the surgery. A re-audit showed an increase of 3% in the number of patients attending for review.

- We saw evidence of collaborative working with Milton Keynes CCG to perform regular audits in an effort to reduce antibiotic prescribing.
- The practice also participated in local audits, national benchmarking, accreditation, peer review and research. We were told that the practice was a member of the Oxford Research Practices, with one of the GP partners trained as a principle investigator. Staff told us there were plans to undertake more research in the future once the practice had secured its staffing levels.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example we saw that nursing staff and health care assistants involved in reviewing patients with long term conditions such as diabetes and asthma attended regular updates and received training to support them specifically in these roles.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the

scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Historic records of appraisals were not available at the time of our inspection and we were told that the new managers had not been able to locate them. However, staff we spoke with informed us they had received appraisals annually. They also informed us that due to the change in management it had been over 12 months since their last appraisals. We were told of plans to appraise all staff during the month of July 2016.

- We noted that the practice closed once a month to provide protected learning time for staff.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### 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 computer system. This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when referring patients to other services.
- We saw that the practice premises were shared with community staff, including midwives, health visitors and district nurses. Practice staff informed us this was beneficial in ensuring communication pathways were maintained. In addition the practice premises accommodated further community clinical services such as the musculo-skeletal service, ophthalmology, podiatry and dermatology.
- Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs along with assessment and planning of ongoing care and treatment. This included when patients moved between services, including when they were referred or after they were discharged from hospital. The practice held a register of patients at risk of unplanned hospital admission or readmission. We saw that patients on this register and

# Are services effective?

## (for example, treatment is effective)

any others who had been recently admitted or discharged from hospital were discussed at weekly meetings when needed. At the time of our inspection there were 315 patients on the unplanned admissions register receiving this care.

- The practice held monthly multi-disciplinary team (MDT) meetings that made use of the gold standards framework (for palliative care) to discuss all patients on the palliative care register and to update their records accordingly to formalise care agreements. They liaised with district nurses, Willen Hospice nurses and local support services. A list of the practice palliative care patients was also shared with the out of hours service to ensure patients' needs were recognised. These patients also had access to the practice's red line for high risk patients (a mobile bypass number providing direct access to a GP). At the time of our inspection 13 patients were receiving this care.
- The practice held quarterly safeguarding meetings, attended by GPs, the practice nurse and health visitor. Records were kept of discussions and action taken in relation to children at risk. Information from other agencies involved in safeguarding was also shared during these meetings.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- Written consent forms were used for specific procedures as appropriate.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice employed a nurse to provide smoking cessation advice to patients during a designated clinic held on Saturdays, with the option to refer patients to local support groups if preferred.
- Nurses trained in chronic disease management had lead roles in supporting patients with long term conditions such as diabetes, asthma and chronic obstructive pulmonary disease (COPD). These nurses were supported by designated GPs with special interests in specific conditions. Patients received regular reviews and were provided with tailored care plans to help them manage their conditions.
- The practice provided contraceptive advice, including fitting of intra-uterine devices and implants.
- All patients over 75 years had a named GP.

The practice's uptake for the cervical screening programme was 88%, which was comparable to the CCG and national average of 82%. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and formats for those with a learning disability and they ensured a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data published in March 2015 showed that:

- 49% of patients aged 60-69 years had been screened for bowel cancer in the preceding 30 months, where the CCG average was 56% and the national average was 58%.
- 73% of female patients aged 50 to 70 years had been screened for breast cancer in the preceding 3 years, where the CCG average was 74% and the national average was 72%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 76% to 96% and five year olds from 89% to 98%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

# Are services effective?

(for example, treatment is effective)

NHS health checks for patients aged 40–74 years.  
Appropriate follow-ups for the outcomes of health  
assessments and checks were made, where abnormalities  
or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the five patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with a member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 76% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 74% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 89% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 75% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 77% and national average of 85%.

- 83% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% national average of 91%.
- 76% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

We spoke with 10 patients on the day of our inspection and they all spoke highly of the service they received. Patients commented that GPs and staff were professional, compassionate and friendly. They told us that they would be happy to recommend the practice to friends or family. We witnessed receptionists offering support to patients. For example, we saw that when a patient raised his concerns that his appointment had been arranged with the incorrect GP the receptionist promptly amended his appointment and apologised for the error. We were told by patients that the reception staff were always courteous and helpful.

Staff at the practice told us that they felt the results of the survey did not reflect their own experience of patient feedback. They told us that they were keen to provide a patient focussed service and that patients were predominantly positive about the service and level of care they received. We saw evidence that the practice had reviewed the results of the patient survey and actioned improvements where possible, for example, they had recruited a nurse practitioner to provide a minor illness clinic in an effort to improve access to appointments. They had also discussed methods for improving their interactions with patients both at reception and during consultations.

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages. For example:

## Are services caring?

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 63% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 73% and national average of 82%.
- 74% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 85%.

These results were not reflected in our findings on the day. Patients we spoke with said that GPs and nurses were good at explaining tests and treatment required and that they listened to patients concerns and questions to ensure that they were involved in decisions about their care. We saw evidence that nurses audited their own consultations to ensure that patient satisfaction was maintained.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- The majority of GPs were multi lingual and would speak to patients in their preferred language where possible.
- Information leaflets were available in easy read format.
- A hearing loop was available for patients who suffered from impaired hearing.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access

a number of support groups and organisations, for example AgeUK and the Alzheimer's Association. Information about support groups was also available on the practice website. The practice also ensured a room was available for AgeUK to offer a weekly drop in clinic for patients on site. Similarly the Diabetes UK support group were able to offer a monthly drop in clinic for patients at the practice premises.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 91 patients as carers (0.6% of the practice list). We were told that in preparation for our inspection the new managers at the practice had identified a computer coding error for patients registered as carers which had made it difficult for them to identify the exact number of carers registered. Written information was available to direct carers to the various avenues of support available to them. We saw that the practice had historically supported carers, for example a Carers Awareness Week had been held in March 2015. We were told that due to staffing difficulties and changes the practice had not been able to dedicate time and resources into supporting carers but that they planned to reinstate and develop previous initiatives in the future.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. 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.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Milton Keynes Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the lead nurse for diabetes was also the diabetic lead nurse for the locality and had been responsible for developing protocols for diabetes management for all practices under the Milton Keynes CCG.

The practice maintained a register of high risk patients, including those requiring end of life care, vulnerable patients, patients with COPD and patients with insulin dependent diabetes. These patients had access to an open access system whereby they could contact the surgery through a separate telephone line to speak directly with a GP or book an urgent appointment if needed.

- The practice had recently started to provide a latent TB screening service as part of a pilot scheme being run by the CCG (Latent TB is when a person has TB bacteria in their body but there are no symptoms, so they don't feel unwell).
- There were longer appointments available for patients with a learning disability; these patients were also invited for annual reviews.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Patients over the age of 75 were included in the practices category of red line patients. These patients had a care plan in place and had access to a mobile bypass number providing open access to a GP.
- In an effort to improve access to appointments the practice had employed a nurse practitioner who held a minor illness clinic throughout the week.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Telephone consultations were available for patients unable to attend the practice for appointments.
- Patients were able to receive travel vaccinations available on the NHS as well as some available privately. Patients were referred to other private clinics for vaccines not provided by the practice if required.

- Homeless patients were able to register using the practice address.
- There were disabled facilities, a hearing loop and translation services available.
- The practice was classed as a POCT (point of care testing) hub practice within the locality, and alongside six other practices was offering patients additional services not normally found within a GP setting. For example, the Red House Surgery was able to offer D-dimer and deep vein thrombosis (DVT) testing for patients. (D-dimer tests are used to rule out the presence of a blood clot). The practice was able to receive referrals from other practices across the locality to provide these services to patients outside their own practice population.
- A HIV quick test was available for all new patients registering at the practice (that met specified criteria).
- Six weeks prior to our inspection the practice had also been selected to support the Syrian Resettlement Programme led by the Red Cross. As part of this programme the practice had registered a family of five refugees and was supporting them in receiving required care. It was envisaged that the practice would continue to take on more refugees as the programme developed.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. In addition, the practice received funds from the Prime Ministers Challenge Fund to provide extended hours appointments to patients across the locality, including those not registered with the practice. These appointments were available from 7am to 8am Monday to Friday, between 6.30pm and 8pm on Tuesdays, Wednesdays and Thursdays and between 8am and 12 pm on Saturdays. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. Appointments could be arranged in person, over the telephone or on line. In an effort to reduce the number of failed appointments the practice sent SMS text message reminders to patients.

The out of hours service was provided by Milton Keynes Urgent Care Services and could be accessed via the NHS 111 service. Information about this was available in the practice and on the practice website and telephone line.

# Are services responsive to people's needs?

## (for example, to feedback?)

Results from the national GP patient survey published in January 2016 showed that patient's satisfaction with how they could access care and treatment was variable when compared to local and national averages.

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 78%.
- 33% of patients said they could get through easily to the practice by phone compared to the CCG average of 59% and national average of 73%.

In response to the negative feedback the practice had received regarding telephone access they had invested in a new telephone system and employed additional receptionists. The new telephone system was due to be installed the week following our inspection. People told us on the day of the inspection that they were able to get appointments when they needed them. Although one patient commented that the wait for routine appointments could be prolonged, they also stated that they were always able to get emergency appointments when needed.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Patients were able to telephone the practice to request a home visit and a GP would call them back to make an assessment and arrange the home visit appropriately. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

The practice had developed a system for handling complaints and concerns.

- Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the waiting room, at the reception desk and on the practice website.

On the day of our inspection the practice were unable to provide any records of complaints handled prior to December 2015 and we were told that the new managers were unable to locate these.

On the day of our inspection the practice did not demonstrate a robust and consistent approach to managing complaints. We looked at nine complaints received since December 2015 and found that records kept did not demonstrate that they were always handled consistently. For example, we were told that a complaint had been handled appropriately but, aside from the original complaint letter, there were no records to demonstrate what actions had been taken. We also saw that the practice had records demonstrating that they had responded to another complaint, however, the original complaint letter had not been kept with the associated records.

In preparing for our inspection the new managers had recognised the improvements that needed to be made in handling complaints and had shared their concerns with us and the patient participation group (PPG). The Deputy Practice Manager had been named as the designated responsible person and policies and protocols had been developed to ensure that complaints were handled and recorded appropriately in the future. We were told that lessons learnt from individual concerns and complaints were shared with the practice team and discussed at weekly clinical meetings. Evidence of learning and improvements made following complaints was not always recorded.



# 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 provide high quality holistic patient care. They aimed to provide a professional service in a friendly and caring way and promote wellbeing in their local community. Staff we spoke with understood these aims and demonstrated their commitment to achieve them.

Whilst the practice did not have a formal business plan, GP partners and managers were able to discuss the plans for the future. For example, the practice had aimed to become a training practice and two GP partners had qualified as trainers. We were told that the practice would not start to accept trainees until they had secured their staffing levels to ensure they could provide a stable training environment.

### Governance arrangements

We found some evidence of governance processes at the service, but the leadership team had not ensured that this was effective in all areas. For example,

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff via the computer system. We looked at a sample of policies and found them to be available and up to date.
- A comprehensive understanding of the performance of the practice was maintained using the Quality and Outcomes Framework (QOF) and other performance indicators. We saw that QOF data was regularly discussed and actions taken to maintain or improve outcomes for patients.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice were unable to demonstrate a robust system for maintaining records, particularly in relation to complaints, infection control audits and personnel files.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and

capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance 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). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected patients support, an explanation of events and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings and we saw evidence of formal communications between the practice team.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues or concerns and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and we were told of proposals for improvements made to the practice management team. For example, the PPG were keen to reinstall previous

# Are services well-led?

Requires improvement 

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

initiatives to support isolated patients. These initiatives had become stagnant due to reduced staffing levels and the changeover in management at the practice. Staff informed us that as staffing levels stabilised they planned to follow up these proposals.

- We saw that results of patient surveys were displayed in the waiting room with details of actions taken or planned in response to areas identified as in need of improvement.
- The practice did not demonstrate a robust and consistent approach to managing complaints. We saw that patients were encouraged to give feedback but evidence to support action taken in response to complaints was variable. The practice had recognised this as an area in need of improvement prior to our inspection and we saw evidence of newly implemented protocols and procedures for handling complaints in the future.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice participated in HIV quick testing for newly registered patients. The practice was classed as a POCT (point of care testing) hub practice within the locality, and alongside six other practices was offering patients additional services not normally found within a GP setting. For example, Dr S A Mushtaq & Partners was able to offer D-dimer and deep vein thrombosis (DVT) testing for patients. (D-dimer tests are used to rule out the presence of a blood clot).

In addition, we saw evidence that the practice was successful in securing funding to enable them to offer extended hours access for their patients and others across the locality. Through the Prime Ministers Challenge Fund the practice offered additional appointments between 7am and 8am Monday to Friday, between 6.30pm and 8pm on Tuesdays, Wednesdays and Thursdays and between 8am and 12 pm on Saturdays.

## 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 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p> <p><b>How the regulation was not being met:</b></p> <p>The provider did not demonstrate that there was an established and effective system for recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity.</p> <p>In particular, the practice did not demonstrate a robust and consistent approach to managing complaints. We saw that patients were encouraged to give feedback but evidence to support action taken in response to complaints was variable.</p> <p>This was in breach of regulation 16(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The provider failed to maintain records securely in relation to the management of the regulated activities.</p> <p>In particular, the practice did not demonstrate robust governance arrangements in retaining records in relation to complaints, infection control audits and personnel records.</p> <p>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>