Angel Hill Surgery

Quality Report

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

Ratings

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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Angel Hill surgery in Bury St Edmunds on 4 October 2016. Overall the practice is rated as requires improvement.Our key findings across all the areas we inspected were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was mostly recorded, monitored, appropriately reviewed and addressed.
- The practice's clinical monitoring systems and processes, including medicine review dates for patients, did not always provide GPs with good prescribing oversight.
- Risks to patients were assessed and generally well managed but there was improvement required around infection control and medical updates and alerts monitoring.
- 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.
- Staff files and recruitment procedures were not always documented or governed thoroughly.
- Information about services and how to complain was available and easy to understand.
- 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 practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

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- Ensure robust arrangements for the security of the dispensary are in place to ensure medicines are kept secure and accessible only to authorised staff.
- Ensure compliance with the Health and Social Care Act 2008; code of practice for health and adult social care on the prevention and control of infections.
- Authorisation must be in place for healthcare assistants to be able to administer vaccinations that they have received appropriate training for.
- Ensure that an appropriately qualified clinician checks and approves changes to patients' medicines following discharge from hospital and outpatient appointments.
- In line with NICE (National Institute for Health and Care Excellence) guidance undertake regular audits for minor surgery.

In addition the provider should:

- Ensure robust arrangements for the security of the dispensary are in place to ensure medicines are kept secure and accessible only to authorised staff.
- The practice should be able to provide evidence of actions taken in response to relevant alerts and updates issued from the Medicines and Healthcare products Agency (MHRA) and through the Central Alerting System (CAS).
- Maximise the functionality of the computer system in order that the practice can run clinical searches, provide assurance around patient recall systems, consistently code patient groups and produce accurate performance data.
- Ensure that doctors involved in emergency home visits have a process in place to ascertain that the appropriate emergency medicines and diagnostic equipment is carried.
- Ensure minutes of meetings contain information on decision making processes.
- Ensure clinical audits are undertaken and recorded appropriately, clearly defining outcomes, responsibilities and learning points.
- Ensure that the recruitment policy is in line with Schedule Three of the Health and Social Care Act and that governance around staff files and recruitment procedures is implemented and recorded effectively.
- Ensure development needs from staff appraisals are met timely.

Where a service is rated as inadequate for one of the five key questions or one of the six population groups or overall, it will be re-inspected within six months after the report is published. If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group or overall, we will place the service into special measures. Being placed into special measures represents a decision by CQC that a service has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

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

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The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Inadequate

The practice is rated as inadequate for providing safe services.

- There was a system in place for reporting and recording significant events. Lessons from recorded incidents were shared to make sure action was taken to improve safety in the practice but we saw evidence of, and were verbally told by staff about, incidents that had occurred in the practice which had not been recorded as significant event but should have been
- Safety was monitored using information from a range of sources but when we reviewed actions required on two recent alerts the practice were unable to provide a log or protocol indicating what actions had been taken.
- When we reviewed the practice's clinical monitoring systems and processes, including medicine review dates for patients, we found that this did not always provide GPs with good prescribing oversight. Prescriptions were reviewed and signed by GPs before they were given to the patient, however, following discharge from hospital or outpatient appointments, dispensers made changes to patients' medicines which were not checked by appropriately qualified clinical staff to ensure safety.
- When things went wrong patients received reasonable support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Risks to patients were assessed and generally well managed. Improvement was needed in certain areas. For example, compliance with the Health and Social Care Act 2008; code of practice for health and adult social care on the prevention and control of infections.
- There was scope to improve the dispensary security, to ensure access for designated staff only.
- Audits of infection rates were not undertaken on those patients who had undergone minor surgery.

Are services effective?

Requires improvement

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average compared to the national results. The most recent published results showed that the practice had achieved 98% of the total number of points

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available. This was the same as the local average and 2.6% above the England average. The practice reported 9.3% clinical exception reporting, which was 0.9% below the local and 0.5% below the national average (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Some clinical audits demonstrated quality improvement but improvement was needed to evidence that these were recorded appropriately with clearly defined outcomes, responsibilities and learning points.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey published in July 2016 showed patients rated the practice generally in line with the average for most aspects of care.
- Patients we spoke with 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 had identified 358 (approximately 2.5%) patients as carers.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group.
- Patients said 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.

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- The practice had implemented various elements to support those patients that experienced difficulties in getting to the practice or did not have easy access. For example, there was a prescription delivery service and certain appointment slots were coordinated with the bus services from local villages.
- During times when the practice's nearby (public) car park was closed (for example during a five day Christmas fair) the practice arranged reserved, marshalled parking spaces and a drop off area close to the practice.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.

Are services well-led?

Requires improvement

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

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Staff we spoke with were clear about the vision and their responsibilities in relation to it.
- There was a leadership structure and staff felt supported by management.
- The overarching governance framework to support the delivery of the strategy and good quality care needed to be improved. For example, national patient safety alert update monitoring. In addition, the need to ensure safe prescribing for patients who were discharged from hospital with new medicines.
- The practice had a number of policies and procedures to govern activity but some of these required updating to ensure they were in line with national guidance. For example, for infection control.
- The practice held regular governance meetings and daily informal meetings to discuss practice and clinical matters.
- 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 reporting significant events and ensured this information was shared with staff.
- The practice was a training practice. We saw evidence that confirmed the trainers in the practice undertook their role effectively and to a high standard. Comments from both assessors and registrars supported these findings.

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The six population groups and what we found

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

Older people

Requires improvement

The practice was rated as inadequate in the domain of safe and as requires improvement in the domains of effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 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.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis and heart failure, were in line with or above local and national averages.
- The practice provided GP cover to 25 local care and nursing homes. GPs did not offer ward rounds but responsively visited the homes to treat patients, offer advice to staff and to pre-empt any patient's escalating health issues. The total number of beds in these homes for the practice accumulated to 629.
- The practice was involved with a local project which attempted to allocate the primary health care in local care and nursing homes to appointed practices', this would reduce the number of homes the practice would be responsible for and enable the practice to use their GP resources more effectively.

People with long term conditions

Requires improvement

The practice was rated as inadequate in the domain of safe and as requires improvement in the domains of effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice employed a diabetic nurse specialist and a respiratory nurse specialist to improve services available for patients with diabetes or respiratory problems, reducing the need to travel to hospital.
- The practice used the information collected for the Quality and Outcomes Framework (QOF) to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). Performance for diabetes

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related indicators was in line with the CCG and national averages. With the practice achieving 95%, this was 0.7% below the CCG average and 5.2% above the national average. Exception reporting for diabetes related indicators was overall in line with local average and national averages.

- Longer appointments and home visits were available when needed.• For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Requires improvement

The practice was rated as inadequate in the domain of safe and as requires improvement in the domains of effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 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 generally in line with the local averages for most 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 normally registered whole families with one GP of choice.
- The practice had a comprehensive cervical screening programme. The practice's percentage of patients receiving the intervention according to 2015-2016 data was 77.4%, which was below the local average of 81.8% and below the England average of 81.5%. Patients that had not attended for a screening appointment were followed up with letters and telephone calls.
- 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.
- A paediatrician from the local hospital visited the practice two or three times a year to provide educational sessions to the clinical staff.

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Working age people (including those recently retired and students)

Requires improvement

The practice was rated as inadequate in the domain of safe and as requires improvement in the domains of effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. Telephone consultations were also available.
- Appointments were available from 8am to 6.30pm on weekdays, with extended hours until 7pm on Tuesday, Wednesday and Thursday, and between 8.30am and 12pm on Saturday, the Saturday slots were for pre-bookable appointments only but some urgent slots were reserved in case of patients attending the practice unannounced. When we viewed the practice website we saw that the extended opening times were not advertised.

People whose circumstances may make them vulnerable

Requires improvement

The practice was rated as inadequate in the domain of safe and as requires improvement in the domains of effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice had 63 registered patients with a learning disability of which 31 have had their care plan reviewed in the last 12 months. A further 20 patients were seen by a GP in the 12 months but did not have a review code added to their record. Seven patients had not attended or responded and four patient records showed no evidence of a review.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Patients who were carers were proactively identified and signposted to local carers' groups. The practice had 358 patients (approximately 2.5%) registered as carers.

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- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. For example, for those patients prone to substance abuse. Supporting organisations provided regular clinics at the surgery.
- 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.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice was rated as inadequate in the domain of safe and as requires improvement in the domains of effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice had 125 registered patients with dementia, of which 77 had received a review in the last 12 months. A further 37 patients were seen by a GP in the 12 months but did not have a review code added to their record. For seven patients there was no clear record of a review being done and three patients had not been seen in the last year. One patient had left the practice area.
- The practice had 100 registered patients experiencing poor mental health, of which 76 had received an annual review. A further 14 patients were seen by a GP in the 12 months but did not have a review code added to their record. Four patients had no clear record of a review being done and a further four patients the diagnosis was not valid anymore. Two patients were not seen in the 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. Weekly meetings were attended by the local mental health link worker.
- 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 accident and emergency 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.

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What people who use the service say

The National GP Patient Survey results were published in July 2016. The results showed the practice was performing generally in line with local and national averages. 219 survey forms were distributed and 131 were returned. This represented a 60% response rate.

- 65% of patients found it easy to get through to this practice by phone compared to the CCG average of 81% and the national average of 73%.
- 88% 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 87% and the national average of 85%.
- 88% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and the national average of 85%.
- 83% 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 83% and the national average of 78%.

We received one Care Quality Commission comment card, which was positive about the service experienced. The comments stated that the practice staff were friendly and helpful and that appropriate advice was given.The patient participation group (PPG) was virtual and we did not speak with any members.We spoke with four patients on the day, they felt involved in decision making about the care and treatment they received. They also told us they felt listened to, supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatments available to them.

We viewed evidence of testimonies provided by the practice that they had received from patients. These testimonies included positive comments and references to the whole practice as well as individual members of staff. They ranged from positive comments on treatment received to patients praising the practice for delivering their service from the restrictive (listed) premises.

Areas for improvement

Action the service MUST take to improve

- Ensure robust arrangements for the security of the dispensary are in place to ensure medicines are kept secure and accessible only to authorised staff.
- Ensure compliance with the Health and Social Care Act 2008; code of practice for health and adult social care on the prevention and control of infections.
- Authorisation must be in place for healthcare assistants to be able to administer vaccinations that they have received appropriate training for.
- Ensure that an appropriately qualified clinician checks and approves changes to patients' medicines following discharge from hospital and outpatient appointments.
- In line with NICE (National Institute for Health and Care Excellence) guidance undertake regular audits for minor surgery.

Action the service SHOULD take to improve

- Ensure robust arrangements for the security of the dispensary are in place to ensure medicines are kept secure and accessible only to authorised staff.
- The practice should be able to provide evidence of actions taken in response to relevant alerts and updates issued from the Medicines and Healthcare products Agency (MHRA) and through the Central Alerting System (CAS).
- Maximise the functionality of the computer system in order that the practice can run clinical searches, provide assurance around patient recall systems, consistently code patient groups and produce accurate performance data.
- Ensure that doctors involved in emergency home visits have a process in place to ascertain that the appropriate emergency medicines and diagnostic equipment is carried.
- Ensure minutes of meetings contain information on decision making processes.

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- Ensure clinical audits are undertaken and recorded appropriately, clearly defining outcomes, responsibilities and learning points.
- Ensure that the recruitment policy is in line with Schedule Three of the Health and Social Care Act and that governance around staff files and recruitment procedures is implemented and recorded effectively.
- Ensure development needs from staff appraisals are met timely.

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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 adviser, a member of the CQC medicines team, a practice manager specialist adviser and a nurse specialist adviser.

Background to Angel Hill Surgery

The Angel Hill surgery is situated in the center of Bury St Edmunds, Suffolk. The practice provides services for approximately 14400 patients. It holds a Personal Medical Services contract with NHS West Suffolk.

According to Public Health England, the patient population has a lower number of patients aged below 45 and a higher number of patients aged 60 and over in comparison to the practice average across England. It has a considerably higher proportion of patients aged 65 to 69 and females aged over 85 compared to the practice average across England. Income deprivation affecting children and older people is lower than the practice average across England and slightly lower compared with the local area.

The practice has eight GP partners working 6.5 whole time equivalent (three male and five female) and three salaried GPs (one male, two female). There are four practice nurses and one health care assistant. The practice also employs a practice manager, a deputy practice manager, a reception manager, a dispensary manager and a team of reception, administration and dispensary staff as well as four medical secretaries.

The practice is open from Monday to Friday 8am to 6.30pm with extended hours until 7pm on Tuesday, Wednesday and Thursday, and between 830am and 12pm on Saturday. Out-of-hours care is provided by Care UK via NHS 111.

The practice is a training practice and teaches GP registrars. Four of the partners are trainers and there were four registrars at the practice at the time of our inspection.

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 hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 4 October 2016. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for, and talked with carers and family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

Detailed findings

- 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.

Inadequate

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. We reviewed safety records, incident reports, patient safety alerts and minutes of weekly meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. Dispensing errors were logged, however, we noted that in two instances there were no records showing these were raised and discussed within the practice to ensure appropriate actions were taken to minimise the chance of similar errors occurring again.

We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, a written apology and were told about any actions to improve processes to prevent the same thing happening again. Annual reviews were undertaken on significant events and complaints. Staff told us they would inform their line manager of any incidents either verbally or via a form. We saw that managers investigated incidents immediately if required and shared these at meetings. The incident recording supported the recording of notifiable incidents under the duty of candour (a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance and alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) and National Patient Safety Alerts. The information was monitored by GPs for relevance and shared with other staff, as guided by the content of the alert. One of the partners explained to us that any actions required as a result were brought to the attention of the relevant clinician(s) to ensure issues were dealt with. They explained that if changes were required these would be actioned. Clinicians we spoke with confirmed that this took place but when we reviewed actions required on two recent alerts/updates the practice were unable to provide evidence to show that these had been reviewed and actions taken other than by us assessing individual patient records.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse but improvement was required for some of these, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Safeguarding 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 lead GP for safeguarding and the GPs attended safeguarding meetings when possible. Safeguarding information was shared with other agencies at multi-disciplinary team meetings.
- Staff demonstrated they understood their responsibilities in relation to safeguarding and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three.
- There were waiting areas in the practice that were not constantly or directly overseen by staff in case a patient became unwell. The practice informed us that if a receptionist had any concern for a patient upon arrival they would notify clinical staff and keep the patient under observation. There had not been any incidences of untoward harm due to a patient not being observed.
- A notice advised patients that chaperones were available if required, this was displayed in four different languages. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. When we asked various staff there appeared to be confusion as to who the infection control clinical lead was. The practice addressed this immediately after the inspection ensuring all staff were aware. A nurse had held this role previously but they had retired in the last year. Practice staff could not tell us who liaised with the local infection prevention teams to keep up to date with best practice and attended annual conferences in the locality. There was an infection control protocol in place and all staff had

received up to date training. We saw that very basic infection control audits had been undertaken in the previous two years and we saw evidence that some action was taken to address any improvements identified as a result. However, when we reviewed the most recent audit (2016) document we found that this referred to 2012 and 2014 guidance whereas the local CCG had produced up to date 2016 guidance.

- We reviewed a number of personnel files and found that in most cases appropriate recruitment checks had been undertaken prior to employment. However, we found that in the five staff files we reviewed, two members had no evidence of a signed contract and in two others, there was signed authorisation that references had been taken but evidence was absent from the file. When we reviewed the recruitment policy we found that this was not in line with Schedule Three of the Health and Social Care Act. For one recently recruited nurse the practice did not hold a DBS certificate but the practice manager advised that this had been applied for and was in progress, the situation had been risk assessed.

Medicines Management

- The practice was signed up to the Dispensing Services Quality Scheme (DSQS) to help ensure dispensing processes were suitable and the quality of the service was maintained. Dispensary staffing levels were in line with DSQS guidance. Dispensing staff were appropriately qualified and had their competency annually reviewed. The practice had conducted some quality assurance of their dispensing service; however, patient surveys had not been conducted to establish that patients were satisfied with it.
- The practice had written procedures in place for the production of prescriptions and dispensing of medicines. There were a variety of ways available to patients to order their repeat prescriptions. This included the receipt of requests via telephone which presented a greater risk of errors and for which the practice had not assessed the risks. Prescriptions were reviewed and signed by GPs before they were given to the patient. However, changes to patients' medicines following discharge from hospital and outpatient appointments were not routinely checked by GPs to ensure safety.
- The dispensary was in an open area adjacent to the reception area and open to access by unauthorised staff. Improved arrangements were required to ensure the security of the dispensary and to restrict access to medicines for unauthorised staff. The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by the practice staff. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely.
- Blank prescription forms were kept securely and recorded and tracked through the practice. Records showed medicine refrigerator temperature checks were carried out which ensured medicines and vaccines requiring refrigeration were stored at appropriate temperatures. Processes were in place to check medicines stored within the dispensary area and emergency medicines were within their expiry date and suitable for use.
- The nurses administered vaccines using patient group directions (PGDs) that had been produced in line with legal requirements and national guidance. When we reviewed the PGDs we noted that not all of them had been signed by staff directly. Instead a piece of paper was attached to the directives with signatures on. The practice informed us they addressed this immediately after the inspection and that PGDs were signed appropriately.
- One healthcare assistant was providing patients with flu vaccinations under a directive for specified healthcare professionals which did not include healthcare assistants. Whilst the practice had identified that the healthcare assistants was competent to carry out the administration of the flu vaccine by them having undergone specific training; the clinical decision to administer must initially be made by a prescriber and this needs to be carried out on an individual basis and an authorisation must be in place.

Monitoring risks to patients

There were insufficient arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

There was a thorough health and safety policy in place and premises related risk assessments were undertaken. The practice had up to date fire risk assessments, carried out

regular fire alarm tests and we saw that a fire drill was undertaken prior to our inspection. There were clear directions of what to do in the event of a fire. There were emergency buttons on the computer to raise an alarm.

All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises, such as asbestos and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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 enough staff were on duty.

We reviewed the practice's clinical monitoring, including review dates for patients on medication, and found that this did not always provide a robust framework to provide GPs with a good oversight of prescribing.

Data we reviewed indicated that a number of reviews were overdue. This was due to a lack of oversight and clinical input in the electronic management of patient records. This potentially meant that a robust contemporaneous patient record was not always held for each patient. The practice provided us with all the relevant information we requested shortly after the inspection but there was a concern about the practice's inability to manipulate their own system during the inspection. The practice provided us with evidence that they were working towards a new clinical monitoring protocol two days after our inspection.

When we reviewed records the practice held on immunocompromised patients we noted that the practice were unsure of who to include within this group of patients. This carried associate risks regarding the provision of live vaccines in immunocompromised patients. This information could be accessed through the use of the practice's QOF data but the practice was unable to provide evidence that this had been done.

When we reviewed the practice's pregnant patients' record summaries we noted that the wrong code had been used and that this created difficulties in recording possible outcomes for these patients (eg. live birth, miscarriage etc). This in turn led to difficulties in finalising and auditing these records. The practice addressed this immediately and provided us with a new protocol but we found this only partially addressed the issue as the monitoring of pregnant patients had potentially not been effective.

When we reviewed the prescribing of potentially dangerous medicines and of disease-modifying anti-rheumatic drugs (DMARDs) the practice was unable to provide us with consistent evidence that blood test results had been reviewed timely and we found that there was a risk that medicines may have been issued after review dates had passed. When we requested further information and clarification from the practice we noted that:

- The practice provided us with data collations based on searches for patients using medicines but we found that the returned results provided during and after the inspection, were different on differing occasions despite the request being the same. This indicated a discrepancy on results data and a potential lack of skill for some staff to search results reliably.
- All patients on methotrexate had received a timely review. A new clinical protocol for monitoring patients on methotrexate and DMARDs was provided but this did not give any guidance to dispensers what the maximum interval for issuing prescriptions could be before referring the request to a GP. There was also no referral to a shared care protocol with the hospital to guide acceptable ranges of abnormalities in blood results prior to issuing a further prescription script.
- There was a system in place to capture patients that were prescribed thyroxine but this was not effective. Data indicated that 8.7% of these patients had not received a required test within the last 15 months despite requiring this annually. The practice did inform us that they had proactively tried to convince patients to come in for blood tests. For example, by sending letters and by giving patients forms when they visited the dispensary.
- When we were presented with a protocol for monitoring patients on warfarin (anticoagulant medicine) this failed to clarify who was responsible at all stages of the monitoring and prescription of warfarin. We found that not everyone in the practice was aware of the system and who was responsible at each step.
- We were told by staff that if patients requested asthma medication after their review date, they would likely be

issued. We did not see any evidence that investigated whether a clinical medication review would be in the patients' best interest if the request was post review date.

Minor surgery was undertaken by GPs and one nurse in the practice and we saw evidence that consent was taken consistently. However, there was no audit available on infection rates that occurred post-surgery. The practice explained that no infections had been reported but was unable to provide us with an audit, which is a requirement when undertaking minor surgery.

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 was a wide array of emergency medicines available. Emergency medicines were accessible and all staff knew of their location. All the emergency medicines we checked were in date and stored securely and a defibrillator was available on the premises and oxygen with adult and children's masks.
- 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 services.
- All doctors involved in emergency home visits carried emergency medicines and diagnostic equipment, however there was no agreed policy on what should be carried. As a result some doctors did not carry diagnostic equipment that was essential in the assessment of patients with diabetes or patients who might be diabetic.

Requires improvement

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.

Changes to NICE guidelines were discussed at clinical meetings of which we saw minutes. However no audits were carried out to show that any recommended changes in patients management were incorporated in clinical practice. In addition no log of NICE guideline changes was kept which made it unclear who was responsible for reviewing any change and what actions were taken. The practice was therefore unable to show a systematic approach to managing NICE guideline changes.

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 showed that the practice had achieved 98% of the total number of points available. This was the same as the local average and 2.6% above the England average. The practice reported 9.3% clinical exception reporting, which was 0.9 below the local and 0.5% below the national average (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data from 2015/2016 showed the following examples:

- Performance for asthma, atrial fibrillation, cancer, chronic kidney disease, chronic obstructive pulmonary disease, dementia, diabetes, epilepsy, heart failure, hypertension, learning disability, mental health, osteoporosis: secondary prevention of fragility fractures, palliative care, rheumatoid arthritis, secondary prevention of coronary heart disease and stroke and transient ischaemic attack were better or the same in comparison to the CCG and national averages with the practice achieving 100% across each indicator.
- Performance for depression related indicators was lower compared to the CCG and national average. With the practice achieving 87.2%, this was 9.4% below the CCG average and 5% below the national average.
- Performance for peripheral arterial disease related indicators was lower compared to the CCG and national average. With the practice achieving 90.7%, this was 7.8% below the CCG average and 6.2% below the national average.
- Exception reporting was in line with local and national averages.

Clinical audits were carried out to demonstrate quality improvement but we could not be assured that relevant staff were involved to improve care and treatment and people's outcomes as no names were recorded on the audit documents. We saw evidence of audits that the practice had undertaken. We saw evidence of four single cycle audits undertaken in 2016 but it was not always clearly recorded whether findings were implemented and monitored.

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. It included role specific training on various elements of the different roles including safeguarding, health and safety and confidentiality. We saw that some new staff were due their mandatory training. The practice manager explained that they were in the process of undertaking this. We did not see evidence that locum GPs had undergone induction training at the practice but the practice manager informed us that locums did receive induction training and had direct access to practice management in case of any queries.
- 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 and nurses. Staff we spoke with confirmed this took place and told us they had ample development opportunities although some staff we spoke with told us

that their development needs from the previous appraisal had not yet been met. We were told that if staff undertook training in their own time the practice reimbursed them.

- The practice informed us that GPs and the practice manager received 360 degree reviews, undertaken by an external company to support them in their leadership and development. One of the GPs explained that they used this information to try and alter their leadership style.
- Staff had access to mandatory learning, and made use of, e-learning training modules, in-house and external 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 intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a weekly or monthly basis, depending on the service type and requirements. When we reviewed minutes of clinical meetings we noted that this did not always include notes on who had attended, actions that had resulted from the meeting and who was responsible for undertaking these.
- When we reviewed the practice's clinical data we found that information was not always contemporaneously available. This meant that the practice might be unable to provide important patient information in a timely way affecting information access in a situation of higher urgency.

Consent to care and treatment

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

- Staff we spoke with 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.

Supporting patients to live healthier lives

Patients who might be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers and those at risk of developing a long-term condition. Patients were then signposted to the relevant service.The practice had a comprehensive cervical screening programme. The practice's percentage of patients receiving the intervention according to 2015-2016 data was 77.4%, which was below the local average of 81.8% and below the England average of 81.5%. Patients that had not attended for a screening appointment were followed up with letters and telephone calls.

The practice also encouraged its patients to attend national screening programmes for breast and bowel cancer screening. 2014-15 data showed that the breast cancer screening rate for females aged 50-70 for the past 36 months was 80.7% of the target population, which was higher than the CCG average of 77.8% and national average of 72.2%. Furthermore, the bowel cancer screening rate for persons aged 60 to 69 the past 30 months was 64.7% of the target population, which was above the CCG average of 62.3% and the national average of 57.9%.

Childhood immunisation rates for the vaccinations given to under two year olds during 2015-16 ranged from 59.0% to 94.1% compared to the local average of 67.3% to 95.1% and for five year olds from 71.2% to 94.4% compared to the local average of 69.8% to 96.2%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. The practice reported that in the last year they had 770 new patient registrations of which 405 (52.6%) had received a new

Requires improvement

Are services effective?

(for example, treatment is effective)

patient health assessment. Where abnormalities or risk factors were identified, the practice informed us that follow-ups on the outcomes of health assessments and checks were made.

Good

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.

We received one Care Quality Commission comment card, which was positive about the service experienced. The comments stated that the practice staff were friendly and helpful and that appropriate advice was given.Results from the National GP Patient Survey published in July 2016 were generally in line with CCG and national averages for patient satisfaction scores. For example:

- 88% of patients said the GP was good at listening to them compared to the CCG average of 91% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.
- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

All four patients we spoke with told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to, 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 card we received was also positive.Results from the National GP Patient Survey published in July 2016 showed patients generally responded positively to questions about the involvement in planning and making decisions about their care and treatment. Results were generally in line with local and national averages. For example:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 88% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 93% and the national average of 90%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 89% and the national average of 85%.

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. Information about support groups was also available on the practice website.The practice offered a transport service for prescriptions to be delivered to those patients unable to get to the dispensary with a local taxi firm and covered any costs incurred. An agreement was in place for this service.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 358 (approximately 2.5%) patients as carers. Written information was available to carers to inform them of the various avenues of support available to them.Staff told us that families who had suffered bereavement were contacted by their usual GP. This 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.

Good

Are services caring?

The practice had developed its own bereavement protocol for all staff to follow in the case of a patient bereavement. This protocol outlined the process to follow and included notices to ensure external services were all made aware.

Good

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 Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. Where appropriate, the practice signposted patients to the local community driver scheme and always tried to arrange advance appointments in line with patients' shopping runs for which they also used this service.
- The practice also offered a transport service for prescriptions to be delivered to those patients unable to get to the dispensary with a local taxi firm and covered any costs incurred.
- The practice hosted twice weekly phlebotomy clinics from the local hospital to assist patients who experienced difficulties getting to the hospital.
- During times when the practice's nearby (public) carpark was closed (for example during a five day Christmas fair) the practice arranged reserved, marshalled parking spaces and a drop off area close to the practice.
- The practice offered telephone consultations.
- The practice provided GP cover to 25 local care and nursing homes. GPs did not offer ward rounds but responsively visited the homes to treat patients, offer advice to staff and to pre-empt any patient's escalating health issues. The total number of beds in these homes for the practice accumulated to 629. The practice was involved with a local project which attempted to allocate the primary health care in local care and nursing homes to appointed practices, this would reduce the number of homes the practice would be responsible for and enable the practice to use their GP resources more effectively.
- A GP undertook annual reviews for patients with long term conditions at their home if they were unable to travel to the practice. (Flu) vaccinations were also given at home if required.
- Same day appointments were available for children and those patients with medical problems that required same day consultation; the practice manager explained that they also endeavoured to arrange on the day appointments to be available around bus services from the local villages.
- There were disabled facilities and translation services available. The check in screen could be used in 18 different languages and chaperone signs were displayed in four different languages.
- The practice had recently purchased new chairs for the ground consulting rooms and main waiting room to assist patients with restricted mobility when sitting and standing.
- Online appointment booking, prescription ordering and access to medical records was available.

Access to the service

Appointments were available from 8am to 630pm on weekdays, with extended hours until 7pm on Tuesday, Wednesday and Thursday, and between 830am and 12pm on Saturday. Saturday slots were for pre-bookable appointments only but some urgent slots were reserved in case of patients attending the practice unannounced. When we viewed the practice website we saw that the extended opening times were not advertised.

Results from the National GP Patient Survey published in July 2016 showed that patient's satisfaction with how they could access care and treatment were generally in line with local and national averages.

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and the national average of 76%.
- 65% of patients said they could get through easily to the practice by phone compared to the CCG average of 81% and the national average of 73%.
- 74% of patients usually wait 15 minutes or less after their appointment time to be seen compared to the CCG average of 64% and the national average of 65%.
- 72% of patients describe their experience of making an appointment as good compared to the CCG average of 78% and the national average of 73%.
- 59% of patients usually get to see or speak to their preferred GP compared to the CCG average of 63% and the national average of 59%.

During our inspection the practice manager explained to us their awareness of the reduced satisfaction score for patients that had said they could get through easily to the

Good

Are services responsive to people's needs?

(for example, to feedback?)

practice by phone. They told us this was likely due to a change of telephone system enabling automatic choosing as to whom the caller wanted to speak with; the practice manager suggested this may not have been popular with elderly patients who might prefer to talk to someone in person immediately. The practice had undertaken a patient questionnaire themselves which indicated 32% of participants had found it 'very easy', 31% had found it 'fairly easy' and 8% found it ' not at all easy' to 'get through to arrange their appointment'.

There was a stair lift in the premises for those patients that were unable to use the stairs. We were advised that these patients were generally seen on the ground floor and that they were highlighted on the computer system so that receptionists could take note of this when booking their appointments. A double appointment could be booked if required so that clinicians could change floors with minimal impact to patient care.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There were designated responsible persons who handled all complaints in the practice. The practice reviewed the complaints on a regular basis. The practice had received 17 complaints in 2016 up to the date of our inspection, ten of these were verbal complaints, the remainder was written; records were available on both varieties.

We saw that information was available to help patients understand the complaints system on the practice's website and in their information leaflet. Information about how to make a complaint was also displayed on the wall in the waiting area. Reception staff showed a good understanding of the complaints' procedure.

We looked at documentation relating to a number of complaints received in the previous year and found that they had been fully investigated and responded to in a timely and empathetic manner. There was a system in place for staff to learn from complaints through discussion at formal and informal meetings or via direct feedback.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients:

- The practice's mission statement included that they aimed 'to provide the best primary health care service that is possible to achieve within the facilities of the surgery and with other health and social care agencies" with a vision 'to fulfil the mission of the practice, by providing motivated, caring, committed and trained staff who provide safe, professional and personalised care, in an effective and efficient way to all who use our services'.
- The practice had a strategy and supporting business plan which reflected the vision and values which were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which did not always support the delivery of the strategy and good quality care:

- There was a clear staffing structure and rota planning and staff were aware of their own roles and responsibilities. Staff were multi-skilled and were able to cover each other's roles within their teams during leave or sickness. The various teams in the practice each had their own lead individual.
- The GPs and nurses were supported to address their professional development needs for revalidation.
- There was a system in place for reporting and recording significant events. We saw evidence that lessons were shared and action was taken to improve safety in the practice. Dispensing errors were logged, however, we noted that in two instances there were no records showing these were raised and discussed within the practice to ensure appropriate actions were taken to minimise the chance of similar errors occurring again.
- Staff were supported through a system of appraisals and continued professional development, although some staff we spoke with told us that their development needs from the previous appraisal had not yet been met.
- The practice manager and GPs had undergone 360 degree feedback appraisals, provided by an external company.
- Practice specific policies and protocols were implemented and were available to all staff, although some of these required updating, for example, infection control audits referred to outdated guidance.
- There were insufficient arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Specifically for those related to clinical searches, assurances around patient recall systems, consistent coding of patient groups and production of accurate performance data.
- The practice was unable to provide sufficient evidence to show that two recent alerts from national bodies, such as National Patient Safety Alerts had been reviewed and actions were taken. There was no record to show which staff had received relevant updates and alerts which meant that the practice could not reassure itself that adequate action was being taken to keep patients safe. The information was monitored by GPs for relevance and shared with other staff, as guided by the content of the alert. One of the partners explained to us that any actions required as a result were brought to the attention of the relevant clinician(s) to ensure issues were dealt with. They explained that if changes were required action would be taken.

Leadership and culture

The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.We found that there was a lack of clinical input in repeat prescribing reviews, for example when patients were discharged from hospital. Reviews for repeat prescribing were often delegated to the dispensary staff, who were not considered clinical staff.

We raised several concerns regarding data that was held on the practice's computer system. This was due to a lack of oversight and clinical input in the electronic management of patient records. This potentially meant that patient records were not contemporaneous. The practice provided us with all the relevant information we requested shortly after the inspection. There was scope for the practice to maximise the functionality of the computer system in order that the practice can run clinical searches, provide assurance around patient recall systems, consistently code patient groups and produce accurate performance data.

Staff told us that various regular team meetings were held. Staff explained that they had the opportunity to raise any issues at these meetings, were confident in doing so and

Are services well-led?

Requires improvement

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

felt supported if they did. The practice held daily meetings during coffee time which all clinical staff attended. Staff commented that these were very useful and that various elements would be discussed at these meetings, including clinical decision making and NICE guideline updates. Staff said they felt respected and valued by the partners in the practice. Although the practice had experienced a few recent retirements of staff members we found that many staff had been long serving members of the team. This applied to administration staff as well as GPs.

The practice organised various social events, such as summer barbeques and Christmas outings, where the whole practice team could attend. The partners held annual away days during which forward business planning took place. The leadership team worked in buddy pairs during these days and would then share their views and plans with the other members and develop a common approach forward as a team. We saw the practice development plan that was compiled as a result and saw that this was updated through the year.

The provider was aware of, and had systems in place to ensure, compliance with the requirements of the duty of candour. Although some staff were not familiar with the term 'duty of candour' we noted that all staff we spoke with were able to fully explain the importance of its content. The partners encouraged a culture of openness and honesty.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.The practice had a virtual PPG but there were no members available to talk to us in the day of the inspection. The practice explained that they were in the process of developing a more proactive PPG.

The practice had analysed their National Patient Survey for 2016 with 215 responses, compared to 100 responses the previous year.Compared to the previous year the practice had concluded the following amongst others:

- A 15% drop in patients who said it was 'Fairly Easy' to 'Very Easy' in getting through to arrange an appointment for the day.
- Patients expressed an 11% decrease in GP's involving them in decisions about their care and a 6% decrease in treating patients with care and concern.
- A 21% increase in the use of Patient Facing Services.

The practice commented that some of the significant drops in results were due to the fact they had 100 completed patient questionnaires in 2015 and 215 patient questionnaires in 2016, and that in the 2016 questionnaire, the option of 'does not apply' was added for those patients that have not seen a nurse or a doctor. A further discussion on the results was planned for the business meeting in October 2016, following which a full report would be completed.

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.

Quarterly newsletters were available to patients, outlining practice news and staff updates.

We viewed evidence of testimonies provided by the practice that they had received from patients. These testimonies included positive comments and references to the whole practice as well as individual members of staff. They ranged from positive comments on treatment received to patients praising the practice for delivering their service from the restrictive (listed) premises.

Continuous improvement

The practice was a training practice and taught registrars (trainee doctors). Four of the GPs had been approved to undertake GP registrars' training. Registrars we spoke with commented that they felt well supported and we saw evidence that regular feedback sessions were allocated to trainers and trainees. Following trainer (re-)approval processes undertaken by Health Education England/East of England Deanery in 2015 we saw evidence that confirmed the trainers in the practice undertook their role effectively and to a high standard. Comments from both assessors and registrars supported these findings.

The practice had also recently implemented a new telephone system with the aim to improve telephone access.

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 Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Prescriptions were reviewed and signed by GPs before they were given to the patient, however, following discharge from hospital and outpatient appointments dispensers made changes to patient's medicines which were not checked by GPs to ensure safety. The practice must ensure this takes place in all instances. Medication reviews must be part of, and align with people's care and treatment. The Health and Social Care Act 2008; code of practice for health and adult social care on the prevention and control of infections must be followed. The practice failed to ensure that nurses and healthcare assistants were properly authorised to administer medicines.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment Security arrangements must make sure that people are safe while receiving care, including: -providing appropriate access to and exit from protected or controlled areas. -using the appropriate level of security needed in relation to the services being delivered. Appropriate dispensary access and security systems were not in place.