

Dr S Phillips, Dr M Patel and Dr A Patel

Quality Report

266 Lea Bridge Road
Leyton
London
E10 7LD
Tel: 020 8539 1221
Website:

Date of inspection visit: 20 October 2014
Date of publication: 14/05/2015

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	Inadequate	
Are services safe?	Inadequate	
Are services effective?	Inadequate	
Are services caring?	Requires improvement	
Are services responsive to people's needs?	Inadequate	
Are services well-led?	Inadequate	

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11

Detailed findings from this inspection

Our inspection team	12
Background to Dr S Phillips, Dr M Patel and Dr A Patel	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	26

Overall summary

We carried out an announced comprehensive inspection of Dr S Phillips, Dr M Patel and Dr A Patel on the 20 October 2014. Overall the practice is rated as inadequate.

Specifically, we found the practice inadequate for providing safe, effective, responsive and well led services. It was also inadequate for providing services for older people, people with long-term conditions, families, children and young people, working age people (including those recently retired and students and people experiencing poor mental health (including those with dementia). Improvements were also required for providing caring services.

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

- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example appropriate recruitment checks on staff had not been undertaken prior to their employment and actions identified to address concerns with infection

control practice had not been taken. We found that suitable arrangements were not in place for medicines management, infection control, staff recruitment, and dealing with medical emergencies.

- Staff were not clear about reporting incidents, near misses and concerns and there was no evidence of learning and communication with staff.
- There was insufficient assurance to demonstrate people received effective care and treatment. For example we found some staff did not have the right qualifications, skills and knowledge to do their job. The learning needs of staff were not fully understood and staff were not supported to participate in training and development to meet their needs.
- Patients were positive about their interactions with staff and said they were treated with compassion and dignity.
- Urgent appointments were usually available on the day they were requested. However patients said that

Summary of findings

they sometimes had to wait a long time for non-urgent appointments and that it was very difficult to get through the practice when phoning to make an appointment.

- The practice had limited formal governance arrangements.

The areas where the provider must make improvements are:

- Ensure there are formal governance arrangements in place including systems for assessing and monitoring risks. Including those for medications to ensure they are safe to use, fire safety, business continuity and to ensure that patient group directions are followed.
- Ensure significant events are recorded appropriately and ensure systems are in place to disseminate learning from the discussion and analysis of significant events, with a clear audit trail of these actions.
- Ensure the lead for infection control undertakes training and is able provide advice on the practice infection control policy and carry out staff training.
- Ensure safe systems are in place for the management of medicines. The appropriate action must be taken if fridge temperatures are recorded out of range and staff must be aware of how to take and record temperatures correctly. Monitoring systems must be in place for staff to ensure that the cold chain has not been broken by patients when storing their vaccines at home.
- Review the complaints procedure to highlight patients' rights in the NHS Constitution and the stages of the

NHS complaints process including referral to the Parliamentary and Health Service Ombudsman. Ensure a regular review of complaints takes place and that learning is identified and issues addressed.

- Ensure recruitment arrangements include all necessary employment checks for all staff, including staff who acted as chaperones.
- Provide training for staff to ensure they are equipped with the knowledge and skills to effectively perform their job role.

In addition the provider should:

- Ensure appropriate monitoring and review of the appointments system.
- Review the appraisal system to include objectives for staff to achieve within a specific timeframe.
- Hold regular palliative care meetings with other service providers to plan care for patients with end of life care needs.
- Ensure that all clinical staff are able to demonstrate a clear understanding of Gillick competencies.

On the basis of the ratings given to this practice at this inspection, I am placing the provider into special measures. This will be for a period of six months. We will inspect the practice again in six months to consider whether sufficient improvements have been made. If we find that the provider is still providing inadequate care we will take steps to cancel its registration with CQC.

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 inadequate for safe and improvements must be made. We found that suitable arrangements were not in place for medicines management, infection control, staff recruitment, and dealing with medical emergencies. The practice had a procedure and system for identifying and reporting significant events, but when things went wrong, lessons learnt were not communicated to all staff to support improvement. We saw no records of significant events for 2014 or minutes of meetings having taken place. We were not assured that the details of all incidents were fully recorded for this year and were not assured the practice had managed these consistently over this time frame. Safe systems were not in place to ensure the cold chain was not broken for patients who took their vaccines home. The protocol for repeat prescribing was not followed in practice and the member of staff responsible for repeat prescribing had not received the relevant training. Systems were not in place to train staff in infection control and reduce the risk and spread of infection. Recruitment checks did not ensure staff working at the practice were properly vetted to protect patients.

Inadequate



Are services effective?

The practice is rated as inadequate for effective as there are areas where improvements must be made. We found some staff did not have the right qualifications, skills and knowledge to do their job. The learning needs of staff were not fully understood and staff were not supported to participate in training and development to meet their needs. Multidisciplinary working was reportedly taking place but was generally informal and record keeping was limited or absent. We found clinical meetings were not held to share best practice standards and guidance. Practice nurses provided care in isolation and did not seek support or input from other staff. Consent to care and treatment had not been obtained in line with the Children's Act 1989 and 2004. There was an instance where care and treatment was not provided in line with guidance around consent. There was no focus on prevention and early identification of health needs and staff were reactive, rather than proactive in supporting people to live healthier lives. The practice was carrying out regular clinical audits and using them in a systematic way to improve outcomes for patients.

Inadequate



Are services caring?

The practice is rated as good for caring. Patients said they were treated with compassion, dignity and respect and they were

Requires improvement



Summary of findings

involved in their care and treatment decisions. Results from the practice survey told us that the majority of patients said they were treated with care and concern and felt they were listened to. Data from the National Patient Survey in which patients participated, showed that most patients said when seeing their GP they were given enough time and said their GP was good at listening to them.

Are services responsive to people's needs?

The practice is rated as inadequate for responsive as there are areas where improvements must be made. Although urgent appointments were available the same day, the closure of the practice during the day caused inconvenience to patients; this was also reflected in their comments to us. A practice patient survey was completed, however no action had been taken to address the concerns raised by patients or where a high percentage of patients had responded negatively to the questions asked. For example, 16.5% of patients said they did not find it very easy to get through to the practice on the phone and 3.5% said they did not find it easy at all. Patients could only book appointments in person or over the phone; although 20% of patients said they would like to book online, an option that was not available to them. We did not find the practice was responsive to people's needs. Minimal effort was made to understand the needs of the local population. Services were planned without consideration of people's need. The practice area had a higher female population average aged between 25 and 49 years of age, than the national England average, but the practice did not have a female GP. The needs of female patients who preferred to see a female GP could not be met by the practice and no active action had been taken to address this.

Accessible information was not provided to help patients understand the complaints system. Complaints were not handled appropriately and there was lack of review and learning from complaints.

Inadequate



Are services well-led?

The practice is rated as inadequate for well-led as there are areas where improvements must be made. The practice had a vision and a strategy to deliver patient centred care, however not all staff were aware of this and their responsibilities in relation to it. A leadership structure was documented and most staff felt supported by management. The practice had a number of policies and procedures to govern activity, however these were not reviewed or read by staff. Staff said they were supported and listened to by managers. However, mechanisms for sharing clinical learning within the practice were weak. The practice did not have a system in place for analysing and learning from complaints received about the

Inadequate



Summary of findings

practice. There was no evidence of formal meetings attended by clinical and non-clinical staff to discuss the complaints, to ensure they were handled appropriately, analysed and lessons were learned from them.

Summary of findings

The six population groups and what we found

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

Older people

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

Older people were cared for with dignity and respect. The practice was responsive to their needs, and there was some evidence of working with other health and social care providers to provide safe care, for example the practice worked with the local Integrated Care Team. Older people were provided with longer appointments and had a named GP for those who were over 75 years old. Home visits were available. The practice had safeguarding procedures in place for older people and all staff had been trained in safeguarding vulnerable adults and were aware of the reporting procedures if they had any concerns. The practice took part in monthly Integrated Care Management meetings where the care provided to housebound and terminally ill older patients was discussed with other health and social care professionals. We were not provided with any evidence to suggest elderly carers were given appropriate and timely support and whether the practice worked in partnership with local support groups. There was also a low vaccine uptake rate for older people for flu compared to the national average.

Inadequate



People with long term conditions

The practice was rated inadequate for safe, effective, caring, responsive and well- led. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice is rated as inadequate for the population group of people with long term conditions.

When needed, longer appointments and home visits were available. The nurse took bloods and administered flu vaccinations to these patients at their homes. Patients categorised as housebound on the system were also able to order medication over the phone. However not all of these patients had a named GP, personalised care plan or structured annual reviews to check their health and care needs were being met. There was no evidence of the appointment of a care coordinator (can be the GP) to oversee the care plan, making sure the patient (and/or their carer) was informed of changes and updated at regular intervals. The clinical staff had the knowledge and skills to respond to the needs of patients with cardiovascular diseases, diabetes mellitus, asthma and chronic obstructive

Inadequate



Summary of findings

pulmonary disease (COPD). We saw that staff were able to identify and respond to changing risks to patients including deteriorating health and well-being. However, there was no evidence of multidisciplinary discussions and follow up consultations taking place with patients with long term conditions following discharge from hospital and their care plans being updated to reflect any additional needs.

Families, children and young people

The practice was rated inadequate for safe, effective, caring, responsive and well- led. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice is rated as inadequate for the population group of families, children and young people.

There was a system to highlight vulnerable patients on the practice's electronic records, so staff were aware of any relevant issues when patients attended appointments; for example children subject to child protection plans. We saw a list of all children on the child protection register at the practice and a written note of all incoming referrals from social services was kept. The lead safeguarding GP was aware of vulnerable children and adults and records demonstrated good liaison with partner agencies such as the police and social services. We did not see any evidence of joint working with midwives, health visitors and school nurses or practice involvement. Care plans of care for children with complex needs transitioning into adult services had not been developed. All staff were not equally aware of the Gillick competencies and when to use them.

Inadequate



Working age people (including those recently retired and students)

The practice was rated inadequate for safe, effective, caring, responsive and well- led. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice is rated as inadequate for working-age people (including those recently retired and students).

There was some evidence of effective and responsive care to patients in this age group; however, improvements were needed. Almost all the patients we spoke with and the comment cards we received showed that patients were facing real difficulties in being able to contact the practice to book appointments. An online booking system was not available or text message reminders for appointments and test results. There was no support available, to enable people to return to work.

Inadequate



Summary of findings

People whose circumstances may make them vulnerable

The practice was rated inadequate for safe, effective, caring, responsive and well- led. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice is rated as inadequate for the population group of people whose circumstances may make them vulnerable.

Patients with no fixed abode were able to register with the practice and the National Occupational Standards (NOS) signposting service was used to initiate psychiatric medication for patients with poor mental health. These are UK standards of performance that professionals are expected to achieve in their work. These patients were also referred onto secondary mental health care and to the local mental health team. The lead GP told us that they booked double appointments for patients who required a mental health review. There was a register of patients with learning disabilities and the practice had carried out annual health checks for these patients, offering them longer appointments. 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 and out of hours.

A private area for speaking at reception was not available. Same sex clinicians were not offered where appropriate and a female GP was not provided at the practice. We did not see any quality assurance systems in place, to monitor the number of female patients requesting to see a female GP. The current staff compliment was not effective in identifying and meeting the needs of this group.

Inadequate



People experiencing poor mental health (including people with dementia)

The practice was rated inadequate for safe, effective, caring, responsive and well- led. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice is rated as inadequate for the population group of people experiencing poor mental health (including people with dementia).

The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health but not always those with dementia. The practice did not have advance care planning for patients with dementia. Staff had not received training in how to assess and respond to risk for patients with mental illness including suicide prevention. The Quality Outcomes Framework told us the practice had a low percentage of patients diagnosed with dementia had their care reviewed in the previous 15 months,

Inadequate



Summary of findings

compared to the national average. Improvements could also be made to increase the number of patients with physical and/or mental health conditions who notes contained an offer of support and treatment, within the preceding 15 months.

Summary of findings

What people who use the service say

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the National Patient Survey 2013 and a survey of 85 patients carried out by the practice in 2013. Patients were also invited to complete Care Quality Commission (CQC) comment cards to provide us with feedback about the practice. Unfortunately we did not receive any completed comment cards.

A Patient Participation Group (PPG) member told us that they were treated with kindness and respect both by doctors and nurses and by the practice reception staff. The PPG member said they had regular meetings and that the practice staff engaged with their group.

Evidence from both of these surveys told us patients said they were treated with dignity and respect by all the practice staff and said their privacy was respected. The National Patient Survey told us 79% of patients said the

last GP they saw or spoke to was good at involving them in decisions about their care and 91% had confidence and trust in the last GP they saw. The results from the practice's own satisfaction survey showed that 90.6% of patients said they were sufficiently involved in making decisions about their care.

Negative feedback was received regarding lack of appointments, being unable to get through on the phone and being put on hold for long periods of time only to be told there were no appointments available. The practice patient survey told us that 16.5% of patients said they did not find it very easy to get through to the practice on the phone and 3.5% they did not find it easy at all. Patients could only book appointments in person or over the phone, although 20% of patients said they would like to book online, an option that was not available to them.

Areas for improvement

Action the service **MUST** take to improve

- Ensure there are formal governance arrangements in place including systems for assessing and monitoring risks for monitoring and checking of medications to ensure they are safe to use, fire safety checks, business continuity and to ensure that patient group directions are followed.
- Ensure significant events are recorded appropriately and ensure systems are in place to disseminate learning from the discussion and analysis of significant events, with a clear audit trail of these actions.
- Ensure the lead for infection control undertakes training and is able provide advice on the practice infection control policy and carry out staff training.
- Ensure safe systems are in place for the management of medicines. The appropriate action must be taken if fridge temperatures are recorded out of range and staff must be aware of how to take and record temperatures correctly. Monitoring systems must be in place for staff to ensure that the cold chain has not been broken by patients when storing their vaccines at home .

- Review the complaints procedure to highlight patients' rights in the NHS Constitution and the stages of the NHS complaints process including referral to the Parliamentary and Health Service Ombudsman. Ensure a regular review of complaints takes place and that learning is identified and issues addressed.
- Ensure recruitment arrangements include all necessary employment checks for all staff, including staff who acted as chaperones.
- Provide training for staff to ensure they are equipped with the knowledge and skills to effectively perform their job role.

Action the service **SHOULD** take to improve

- Ensure appropriate monitoring and review of the appointments system.
- Review the appraisal system to include objectives for staff to achieve within a specific timeframe.
- Hold regular palliative care meetings with other service providers to plan care for patients with end of life care needs.
- Ensure that all clinical staff are able to demonstrate a clear understanding of Gillick competencies.

Dr S Phillips, Dr M Patel and Dr A Patel

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr S Phillips, Dr M Patel and Dr A Patel

Dr S Phillips, Dr M Patel and Dr A Patel operate from 266 Lea Bridge Road, London, E10 7LD. The practice provides NHS primary medical services through a General Medical Services contract to just fewer than 6000 patients in the Waltham Forest Area. The practice is part of the Waltham Forest Clinical Commissioning Group (CCG). The practice staff comprise of three full time male GPs and two female practice nurses, a practice manager and a small team of non-clinical staff.

The practice opening hours were from 8.30am to 18.30pm on Mondays, Tuesdays and Fridays. They closed the practice during the day between 12.30pm and 14.00pm. On a Thursday morning, the practice was open from 8.30am until 12.30pm and was closed for the rest of the day. Extended opening hours operated on Wednesdays from 7.00am until 20.30pm, closing from 12.30pm and 14.00pm.

The practices had opted out of providing out-of-hours services to their own patients and directed patients to call the 111 service during these hours.

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.

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. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This provider had not been inspected before and that was why we included them.

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 20 October 2014. During our visit we spoke with a range of staff (GP partners, practice nurses, practice manager, assistant practice manager and reception staff. We spoke with one PPG member who used the service. We observed how patients were being cared for and talked with carers and/or family members and reviewed personal care or treatment records of patients.

Detailed findings

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 are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- The working-age population and those recently retired (including students)
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing poor mental health

Are services safe?

Our findings

Safe Track Record

Contact details for the Clinical Commissioning Group's (CCG) team were available to staff, if required. The practice had a significant event protocol and the lead GP told us that significant events were reviewed as and when required. We reviewed safety records, incident reports and minutes of meetings where these were discussed for the year 2013 with the last meeting taking place in November 2013. We saw evidence of learning and actions taken to prevent similar incidents happening in the future. The investigation reports were thorough and the necessary improvements were made by the GPs when things went wrong. Dedicated meetings were however arranged on an ad hoc basis depending on the seriousness of the event with clinical and non-clinical staff. Significant events were not a standing agenda item during practice meetings.

Accidents were recorded in an accident book. We saw no further records of significant events for 2014 or minutes of meetings taking place and were not given explanations why these no longer took place. We were not assured that the details of all incidents were fully recorded for this year. As there were no written records after 2013, this did not evidence the practice had managed these consistently over this time frame and could not show evidence of a safe track record.

Learning and improvement from safety incidents

There was evidence that appropriate learning had taken place following significant events and that the findings were disseminated to some staff but not all relevant staff. We saw records of a significant event where staff were unable to locate the acute asthma treatment equipment after a child at the practice had suffered an exacerbation in 2013. The investigation was thorough and revealed that the acute asthma treatment equipment had been moved from its original location when the treatment room had been refurbished. The investigation was discussed at a staff meeting and one of the practice nurses was given the responsibility to check this equipment and ensure it was always kept in its designated location. We found the equipment was in good working order and in its place. However, on speaking to the practice nurse who worked part time, she informed us that she was unaware of any

significant events taking place at the practice and unaware of the events we had already been informed about. We were not assured that all staff were involved in team meetings and learnt from serious significant events.

We saw incident forms were available on the practice computer system. Once completed these were sent to the practice manager who showed us the system she used to manage and monitor these. We tracked four incidents for the year 2013 and saw records were completed in a comprehensive and timely manner. Evidence of action taken as a result was shown to us. For example, a child had been registered under a different address to their mother's. When this was identified the practice had decided to check and confirm all new registering patients' address details when attending appointments.

National patient safety alerts were disseminated by the practice manager by printing them and passing them on to the GPs for review. The three GPs we spoke with were able to give examples of recent alerts relevant to the care they were responsible for. They also told us alerts were discussed informally during the day to ensure they were aware of any relevant information affecting their practice. An example was given of a sudden staff strike at the local hospital's radiology department and how clinical and non-clinical staff at the practice had been informed upon arrival at the practice and prepared for an increase in patient's requesting appointments. Although the practice manager informed us safety alerts were filtered to all clinical staff, the practice nurse could not recall any examples.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. Practice training records made available to us showed that all staff had received relevant role specific training on safeguarding in March 2014. All GPs were trained to level three in child safeguarding, the practice nurses to level two and all non-clinical staff to level one. We asked members of medical, nursing and administrative staff about their most recent training. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities regarding information

Are services safe?

sharing, documentation of safeguarding concerns and how to contact the relevant agencies in and out of hours. Contact details were easily accessible and were also displayed in the staff room.

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

There was a system to highlight vulnerable patients on the practice's electronic records. This included information so staff were aware of any relevant issues when patients attended appointments; for example children subject to child protection plans. We saw a list of all children on the child protection register and a written note of all incoming referrals from social services.

GPs were appropriately using the required codes on their electronic case management system to ensure risks to children and young people who were looked after subject to child protection plans were clearly flagged and reviewed. The records demonstrated good liaison with partner agencies such as the police and social services.

A chaperone policy was in place however it was not visible on the waiting room noticeboard and in consulting rooms. We did not see evidence of chaperone training or Disclosure Barring Service (DBS) checks, which enables employers to check the criminal records of employees, for the practice nurses and reception staff members who acted as chaperones, which put patients at risk. There was no evidence to suggest that staff understood their responsibilities when acting as chaperones.

Patients' individual records were written and managed in a way to help ensure patient safety. Records were kept on a computer system, which collated all communications about the patient including scanned copies of communications from hospitals. We saw audits had been carried out to assess the completeness of these records and that action had been taken to address any identified shortcomings.

Medicines Management

We checked medicines stored in the medicine refrigerator and found they were stored securely and were only accessible to authorised staff. The practice nurse was responsible for checking the fridge temperatures and was using a backup probe. Two recent readings were recorded as over 30 degrees Celsius and the nurse informed us the

readings were entered as she thought appropriate, which was a cause of concern to us as they were out of the normal range. The nurse was not fully aware of how to read the fridge temperatures. Medications in the fridge were stored correctly and placed near the back and sides of the fridge.

Concerns were identified with the risk of the cold chain being broken for patients who collected their vaccinations from the local pharmacy. These patients took their vaccines home and brought them to the practice when seeing the practice nurse for administration. Monitoring systems were not in place for staff to assure that the cold chain had not been broken by patients when storing their vaccines at home.

Patients requested repeat prescriptions over the telephone or by coming to the practice in person and posting their prescription in a designated box. There was a protocol for repeat prescribing which was in line with national guidance but was not being followed in practice. For example, a member of the reception staff team who completed the repeat prescription process had not received any training to confirm she was trained for repeat prescribing.

A community pharmacist attended the practice weekly and managed repeat prescriptions for some patients. Although this was recorded in these particular patients' medical notes, a record was not kept as to when and what was taken by the pharmacist. If for example, a patient had contacted the practice to state they had not received their prescription, the practice would be unable to confirm the prescription had been collected or the date it was collected by the pharmacist. This could result in patients over-ordering on repeat prescriptions with the only supervision being delegated to the pharmacist.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times. The National Institute for Health and Care Excellence guidelines were used by clinical staff, and refresher courses for anti-biotic prescribing had been attended by the GPs.

Cleanliness & Infection Control

We observed the premises to be clean and tidy. We saw there were cleaning schedules in place and cleaning records were kept.

Are services safe?

The practice manager was the lead for infection control, but had not undertaken training to enable her to provide advice on the practice infection control policy and carry out staff training. Infection control was not covered in the induction programme and annual updates were not provided to staff. The practice manager had carried out an infection control audit in 2013 and improvements identified for action were still in the process of being completed. Practice meeting minutes showed the findings of the audits were not discussed and infection control was not a standing agenda item.

An infection control policy and supporting procedures were available, but we found no evidence to suggest staff had read and understood these. Cleaning schedules were not in place for the curtains used in treatment rooms.

Hand hygiene techniques signage was displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms and toilets.

The practice had a policy for the management, testing and investigation of legionella (a germ found in the environment which can contaminate water systems in buildings). We saw records that confirmed the practice was carrying out regular checks in line with this policy in order to reduce the risk of infection to staff and patients. Arrangements were also in place with an external company to collect clinical and non-clinical waste.

Equipment

Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. A schedule of testing was in place. We saw evidence of calibration of relevant equipment such as the heart screen printer roller.

Staffing & Recruitment

Records we looked at contained evidence that informed us that appropriate recruitment checks had not been undertaken prior to employment. Two reception staff had been recently recruited through an apprenticeship scheme, in partnership with a local college. Although, the local college completed all the recruitment checks, the practice

was unaware of the process employed. Copies of the application form, proof of identification, references, qualifications, registration with the appropriate professional bodies had not been obtained. We did not see evidence of Disclosure Barring Service (DBS) checks for staff, which enabled employers to check the criminal records of employees. This put patients at risk

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for all the different staffing groups to ensure there was enough staff on duty.

Staff told us there was usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to ensure patients were kept safe.

Monitoring Safety & Responding to Risk

The practice did not have consistent systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. We were not provided with evidence that checks of the building were taking place, the environment, medicines management and dealing with emergencies.

Risk logs were not in place and risks were not assessed, rated and mitigating actions recorded to reduce and manage the risk. A business continuity plan was not in place to deal with a range of emergencies that may impact on the daily operation of the practice.

A fire risk assessment had not been undertaken. Staff were not up to date with fire training and regular fire drills were not completed. We were not provided with written records to evidence this had taken place.

We saw that staff were able to identify and respond to changing risks to patients including deteriorating health and well-being. For example for patients with long term conditions and patients who were housebound, the GPs and the practice nurses conducted home visits. Patients categorised as housebound on the system were able to order medication over the phone.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. We saw records showing all staff had received training in basic life support. Emergency equipment was available including access to oxygen and an automated

Are services safe?

external defibrillator (AED; used to attempt to restart a person's heart in an emergency). All staff asked knew the location of this equipment. Processes were in place to check medicines were within their expiry date and suitable for use in the practice. The practice nurse took bloods and administered flu vaccinations for some patients at their homes and carried adrenaline with her. However, Patient Group Directions were not followed and we did not see any evidence of this taking place. Equipment used on home visits by the practice nurse was not appropriately maintained. A number of needles syringes and airways stored in the home visit box were out of date and an audit to check these expiry dates was not in place.

Two oxygen cylinders to administer oxygen to patients were stored in one of the treatment rooms. One was portable for

use in the consulting rooms and the second was the larger 34 kg size. The portable cylinder had an attached open face mask and tubing which had been opened and was not in its original packaging. There was no evidence on the cylinder or records to evidence that it had been checked for safe operation. The larger cylinder had evidence of a recent safety check. The AED had been recently checked and was found to be in good working order. However, a pair of adult sized pads, for use with the defibrillator, had been opened and attached without an expiry date.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The three GPs and the practice nurse we interviewed were familiar with current best practice guidance and accessing guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners to keep their knowledge up-to-date. Although, they were aware of their professional responsibilities, new guidelines and updates were not systematically shared across the clinical team and the implications for the practice and patients discussed. One of the GPs quoted NICE guidelines but did not have knowledge of local or national antibiotic guidelines. He admitted that he had little use of the computer and was guided by 'his experience.'

Out of the three GPs, only one GP took the lead in disseminating information from external meetings he attended. There were no defined roles or leads on specialist clinical areas between the three GPs. Daily clinical meetings took place in the form of informal discussions and these were not recorded.

To assess the quality of care provided by the GP practice we looked at the medical notes of five patients with long term conditions. Out of the five medical notes we reviewed we found that all five patients had their needs assessed and care planned in accordance with clinical best practice. Patients had their conditions reviewed regularly. The lead GP informed us the practice had regular meetings with the Integrated Care Management Team and used a risk assessment tool to identify patients who would benefit from this team's input. No formal minutes were taken of these meetings.

The practice had a learning disability register and we saw from the register that these patients were invited for annual health checks with staff liaising with their families and carers. The number of older people, who were over 75 years old, were identified on the computer system and were allocated a named GP.

Patients with no fixed abode were able to register with the practice. The National Occupational Standards (NOS) signposting service was used to initiate psychiatric medication for patients with poor mental health. These

patients were also referred onto secondary mental health care and to the local mental health team. The lead GP told us that they booked double appointments for patients who required a mental health reviews.

Clinical Commissioning Group (CCG) data showed that the practice was performing in line with CCG standards on referral rates.

We saw no evidence of discrimination when clinical staff made care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were referred on need and that age, sex and race was not taken into account in this decision-making.

Management, monitoring and improving outcomes for people

Over the last two years the practice had performed at 85% in their Quality and Outcomes Framework (QOF) and at 88.8% in 2014. The Quality Outcomes Framework is a system to remunerate general practices for providing good quality care to their patients. The QOF covers four domains; clinical, organisational, patient experience and additional services. The practice used the information they collected for the QOF and their performance against national screening programmes to monitor outcomes for patients. For example, 99% of patients with asthma had an annual medication review, and the practice met all the minimum standards for QOF in atrial fibrillation, cancer and cardiovascular disease prevention.

The data told us the practice had a low percentage of patients diagnosed with dementia who had their care reviewed in the previous 15 months which was at 57.1%, compared to the national average at 83.1%. Improvements could also be made to increase the number of patients with physical and/or mental health conditions whose notes contained an offer of support and treatment, within the preceding 15 months, which was at 87.2% compared to the national average at 93.4%. The practice performance had been discussed during a practice meeting in January 2014, minutes of which were available, but we did see evidence of action taken to address the low performance.

The practice showed us three clinical audits that had been undertaken in the last year. Audits were performed that met the requirements of QOF and the Prescribing Incentive Scheme. These audits were also used for the appraisals of GPs. For example the lead GP had reviewed patients with gastrointestinal cancer as part of his appraisal review. This

Are services effective?

(for example, treatment is effective)

was yet incomplete and was on-going. Another GP had audited Rosuvastatin usage, an oral drug for lowering blood cholesterol levels and Bisphosphonate medication, to treat conditions that affect the bones. Following the audit the GPs carried out medication reviews for patients who were prescribed these medicines and altered their prescribing practice, in line with the guidelines. GPs maintained records showing how they had evaluated the service and documented the success of any changes and re-audited to complete the cycle.

Staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP. They also checked that all routine health checks were completed for long-term conditions such as diabetes and the latest prescribing guidance was being used. The IT system flagged up relevant medicine alerts when the GP went to prescribe medicines. We were shown evidence to confirm that following the receipt of an alert the GPs had reviewed the use of the medicine in question and where they continued to prescribe it outlined the reason why they decided this was necessary. The evidence we saw confirmed that the GPs had oversight and a good understanding of best treatment for each patient's needs.

Effective staffing

Three full time male GPs and two practice nurses worked at the practice. The lead GP informed us they were aware of the impact on patients' especially female patients who preferred to see a female GP. They referred patients to local GP practices where female GPs were available if this was more appropriate for female patients. We were informed that the practice's future vision was to look at recruiting a female GP. However, we did not see evidence of action the practice had taken to manage and meet the needs of female patients who preferred to see a female GP within the practice.

We reviewed five staff recruitment files for clinical staff. They demonstrated that staff had the appropriate skills and qualifications to meet patients' needs. The GPs were registered by the General Medical Council (GMC) and the nurses registered with the Nursing and Midwifery Council (NMC). Staff had completed an induction programme when they started working for the practice. Although all staff had received mandatory training in basic life support, child and adult safeguarding, learning needs were not identified based on their job role. For example, we found members of

staff had not received training in taking fridge temperatures, repeat prescribing or how to use the computer system when these tasks were part of their daily responsibilities.

All staff had completed annual appraisals, however the appraisal cycle did not include objectives for them to achieve within a specific timeframe. For example, the practice nurse informed that she had received no formal computer training when the practice changed its electronic patient records software. This training need was not identified in her appraisal and no future development plan had been identified. GPs were up to date with the General Medical Council's requirement for revalidation. One of the GP partners had recently completed their revalidation in May 2014.

Working with colleagues and other services

The practice worked with other service providers to meet people's needs and manage complex cases. Blood results, X ray results, letters from the local hospital including discharge summaries, out of hours providers and the 111 service were received both electronically and by post. The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and addressing issues arising from communications with other care providers on the day they were received. The GP seeing these documents and results was responsible for the action required. All staff we spoke with understood their roles and felt the system in place worked well.

Information Sharing

The practice was part of a Clinical Commissioning Group (CCG) local network of practices and we were informed meetings were held monthly with the network and attended by the lead GP. In this forum, the practices supported one another and discussed issues, benchmarked outcomes and conducted peer reviews. We saw no written evidence of feedback or discussions taking place at the practice as a result of these meetings.

The practice held some palliative care meetings with other service providers to plan care for patients with end of life care needs. However, the last meeting was held on the 27 November 2013 and we saw no other records of these meetings taking place and an explanation was not given as to why these meetings were not taking place. The practice

Are services effective?

(for example, treatment is effective)

worked with the local mental health team, community health visitor, district nurse and tissue viability services and held meetings with these professionals as and when required.

Consent to care and treatment

We found that staff were aware of the Mental Capacity Act 2005 and their duties in fulfilling it. For example, the lead GP informed us of an incident where a patient declined medical treatment. A mental capacity act assessment was initiated and the local adults safeguarding team was contacted.

Not all clinical staff could demonstrate a clear understanding of Gillick competencies (These help clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment). We were concerned that the practice nurse informed us that contraception was given to a patient under the age of 16 and the Gillick competencies were not used.

Health Promotion & Prevention

A range of health promotion services including child immunisation, travel vaccination, diabetes, asthma and COPD clinics were offered by the practice. The GPs and the practice nurses provided pre and post natal support.

The practice offered all new patients registering with the practice a health check with a nurse and informed the relevant GP if any concerns were detected. All patients over the age of 40 years were automatically offered an NHS health check.

The practice had identified the smoking status of 69.9% patients over the age of 16. The practice provided smoking cessation clinics and appropriate patients were referred to

an NHS funded smoking cessation service operating in the local area. The practice did not monitor the number of patients referred to this service who had successfully stopped smoking.

The practice did not provide HIV testing or sexually transmitted disease clinics. The practice referred patients to specialist services.

The practice offered influenza vaccinations to all patients identified at risk and older and house bound patients who were visited at home to receive the vaccine. Regular clinics were held by the practice nurse. However, data showed that the practice had scored below the CCG average in the previous year. The practice had administered the vaccine to 57.8% of patients compared to the national average at 73.2%. QOF data identified a low percentage of patients with diabetes who had an influenza immunisation. Only 66.78% had received the immunisation compared to the national average which was at 93.49%. The ratio of reported prevalence of Coronary Heart Disease (CHD) was at a low 37% for the practice, compared to the national average of 72%. We also found that the reported prevalence for Chronic Obstructive Pulmonary Disease (COPD) was at 22% compared to the national average of 61%. There were no plans in place to address this.

A child immunisation/vaccination service was available and national guidelines were followed. Child immunisations were offered at the required one, two and five year intervals. The practice had scored above the CCG average for most immunisations in the previous year. For example 88.95% of children received the Dtap/IPV/Hib vaccine.

We also found the practice had a variety of information leaflets available in the waiting area of the practice to help patients make informed decisions about their care and treatment.

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey 2013 and a survey of 85 patients carried out by the practice in 2013. Patients were also invited to complete Care Quality Commission (CQC) comment cards to provide us with feedback about the practice. Unfortunately we did not receive any completed comment cards.

The evidence from both surveys showed that overall patients were satisfied with how they were treated and that this was with compassion, dignity and respect. Data from the national patient survey in which 99 patients participated, showed 84% patients said the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern. In response to practice nurse services, 93.96%

stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern.

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

Although we observed staff were careful to follow the practice's confidentiality policy when discussing patients' treatments in order to keep confidential information private, the practice switchboard was not located away from the reception desk and was not shielded by glass partitions, which helped keep patient information private. The practice survey highlighted this as an area of concern as 58% of patients said their conversations could be

overheard by other patients and 26% said they were unhappy about this. Patients could ask to speak to reception staff in private but this option was not openly communicated to them through the display of posters or leaflets in the reception area. No plan was in place to address this.

Care planning and involvement in decisions about care and treatment

The national patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example, 79% of patients said the last GP they saw or spoke to was good at involving them in decisions about their care and 91% had confidence and trust in the last GP they saw. The results from the practice's own satisfaction survey showed that 90.6% of patients said they were sufficiently involved in making decisions about their care.

A member of the Patient Participation Group (PPG) we spoke to on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about their care and treatment they received. They also told us they felt listened to and supported by staff. They informed they felt they had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive.

Staff told us that translation services were available for patients who did not speak English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient/carer support to cope emotionally with care and treatment

The practice offered patients information as to what to do in time of bereavement and also gave leaflets about external companies and support organisations such as those of funeral directors. Staff told us that they also signposted patients to support and counselling facilities in the community following a death.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice to be involved with their Patient Participation Group (PPG) which are groups of volunteer patients that work in partnership with practice staff and GPs. We spoke to three members and one member of the PPG said they were very happy with the efforts the practice had taken to involve patients in their care and action was being taken to re-establish the group after it had ceased due to low attendance. They told us that the PPG met four times a year and was attended by the practice manager and by the lead GP. They felt that their concerns were listened to and where possible suggestions were implemented.

The needs of the practice population were not always understood and systems were not in place to address identified needs. The practice area had a higher female average aged between 25 and 49 years of age, than the national England average, but the practice did not have a female GP. We did not see any quality assurance systems in place, to monitor the number of female patients who requested to see a female GP.

The practice used a risk assessment tool that helped doctors detect and prevent unwanted outcomes for patients by allocating a patient a risk score dependent on the complexity of their disease type or multiple comorbidities.

Tackle inequality and promote equality

The practice had recognised the needs of some groups in the planning of its services. For example the practice provided annual health checks for patients with learning disabilities and invited patients in for an appointment with the GP. There was no planning of services for asylum seekers, travellers, unemployed or patients who were carers.

The practice made use of a telephone interpreter service and had access to an interpreter service paid for by the Clinical Commissioning Group to enable patients whose first language was not English to use the service. There was not a hearing loop at reception for patients who were hard of hearing. Staff were not up-to-date with equality and diversity training and had not received any training in this subject area.

Access to the service

There had been low turnover of staff during the last three years which enabled good continuity of care at the practice. Longer appointments were available for people who needed them, such as older patients, those with long term conditions and poor mental health. Double appointments were booked for patients who required a mental health review and home visits were made to housebound patients and to those patients who required one.

The practice opening hours were from 8.30am to 18.30pm on Mondays, Tuesdays and Fridays. They closed the practice during the day between 12.30pm and 14.00pm. On a Thursday morning, the practice was open from 8.30am until 12.30pm and was closed for the rest of the day. Extended opening hours operated on Wednesdays from 7.00am until 20.30pm, closing from 12.30pm and 14.00pm.

The practices had opted out of providing out-of-hours services to their own patients and directed patients to call the 111 service during out of hours.

The practice also offered the facility of telephone consultations where the receptionist would ask for a brief description of the reason for the call and the GP would phone the patient back the same day. However, we saw negative feedback on an online website, including concerns regarding lack of appointments, being unable to get through on the phone and being put on hold for long periods of time only to be told there were no appointments available.

A practice patient survey was completed, however no action had been taken to address the concerns raised by patients or where a high percentage of patients had responded negatively to the questions asked. For example, 16.5% of patients said they did not find it very easy to get through to the practice on the phone and 3.5% said they did not find it easy at all. Patients could only book appointments in person or over the phone, although 20% patients said they would like to book online, an option that was not available to them. In the national patient survey 64% of patients said they found it easy to get through to the practice by phone and 60% said they get to see or speak to their preferred GP. We did not find the practice was responsive to people's needs.

Are services responsive to people's needs?

(for example, to feedback?)

The practice was situated on the ground and first floor of the building with the majority of services for patients on the ground floor. Patients with mobility needs were seen by the GP's on the ground floor.

We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams. Accessible toilet facilities were available for all patients attending the practice including baby changing facilities.

Listening and learning from concerns and complaints

The practice had some arrangements in place for the handling of complaints and concerns. The practice had a complaints handling procedure and the practice manager was the designated staff member who managed the complaints. We noted five complaints had been made to the practice since February 2014. We were not assured that all complaints had been logged as the practice manager told us they recorded what they thought was serious enough to be recorded.

Although two patients had received a reply, this was not in line with recognised NHS complaints guidance. The complainants were not informed of the next steps, such as contacting the Ombudsman, should they remain dissatisfied with the practice's response. One patient was advised they could take the option of registering with another GP in the area and was not invited to discuss their complaint further.

A number of complaints had been made on an online website. The practice manager and the lead GP was aware of the complaints but had not taken action to respond to them online or invite the complainants in to address their concerns.

The practice did not appear to have a system in place for analysing and learning from complaints received about the practice. There was no evidence of formal meetings attended by clinical and non-clinical staff to discuss the complaints, to ensure they were handled appropriately, analysed and lessons were learned.

Are services well-led?

Inadequate 

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

Our findings

Vision and Strategy

Clinical staff did present a commitment to providing patient centred care in a safe and comfortable environment but the lack of governance systems acted as an inhibitor to this commitment. Although the practice had clear aims and objectives the seven staff members we spoke with were not able to articulate them. A business plan was not in place, and there was no evidence of further development for the practice and clarity around the challenges and opportunities. The statement of purpose was not displayed for patients and staff to view.

Governance Arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff via the desktop on any computer within the practice and hard copies were placed in the staff room. For example, these included policies on safeguarding, complaints and infection control. We looked at these policies and procedures and staff had not completed a cover sheet to confirm when they had read them. The policies and procedures we looked at had not been reviewed annually and were not up to date.

The practice did not hold monthly governance meetings to discuss performance, quality and risks. Although some meetings took place, meeting minutes showed lack of a structured and meaningful discussion to resolve the issues in a time-bound, effective manner. A number of complaints had been made, but there was no evidence of analysing complaints and learning from them to address the issues.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was not performing in line with national standards in some areas. For example, the practice offered influenza vaccinations to all patients identified at risk and older and house bound patients were visited at home to receive the vaccine. Data showed that the practice had scored below the CCG average in the previous year. The practice had administered the vaccine to 57.8% of patients compared to the national average at 73.2%. QOF data identified a low percentage of patients with diabetes who had an influenza immunisation. Only 66.78% had received the immunisation compared to the national average which was at 93.49%. The ratio of reported prevalence of Coronary Heart Disease (CHD) was at a low 37% for the

practice, compared to the national average of 72%. We also found that the reported prevalence for Chronic Obstructive Pulmonary Disease (COPD) was at 22% compared to the national average of 61%. There were no plans in place to address this.

A child immunisation/vaccination service was available and national guidelines were followed. Child immunisations were offered at the required one, two and five year intervals. The practice had scored above the CCG average for most immunisations in the previous year. For example 88.95% of children received the Dtap/IPV/Hib vaccine. We saw that QOF data was discussed at team meetings when they were held which was as and when required but did not see evidence of action plans to improve outcomes.

The needs of the practice population were not understood and systems were not in place to address identified needs. The practice area had a higher female average aged between 25 and 49 years of age, than the national England average, but the practice did not have a female GP. The needs of female patients who preferred to see a female GP could not be met by the practice and we did not see evidence of action being taken by the practice to manage this.

The practice was carrying out clinical audits and using them in a systematic way to improve outcomes for patients. The practice showed us three clinical audits that had been undertaken in the last year. For example the lead GP had reviewed patients with gastrointestinal cancer as part of his appraisal review. This was yet incomplete and was on-going. Another GP had audited Rosuvastatin usage, an oral drug for lowering blood cholesterol levels and Bisphosphate medication, to treat conditions that affect the bones. Following the audit the GPs carried out medication reviews for patients who were prescribed these medicines and altered their prescribing practice, in line with the guidelines. GPs maintained records showing how they had evaluated the service and documented the success of any changes and re-audited to complete the cycle.

Leadership, openness and transparency

The practice had a clear leadership structure in place which had named members of staff in lead operational roles. For example there was a lead GP for child protection and safeguarding adults. The lead for infection control was the practice manager. We spoke to seven members of staff who were clear on their roles and responsibilities and who to

Are services well-led?

Inadequate 

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

report to with any concerns. The non-clinical staff we spoke to said they felt the managers listened to them. There were clear lines of accountability. Reception/administrative staff reported to the practice manager who was accountable to the lead GP. Clinical staff reported to the lead GP who was accountable to GP Partners.

Formal clinical meetings held at the practice to discuss significant events had been held up until November 2013. There was no evidence of such discussions this year, which did not evidence a safe track of safety systems for the year 2014.

Practice seeks and acts on feedback from users, public and staff

We found the practice to be involved with their Patient Participation Group (PPG). We spoke with one member of the PPG who said they were very happy with the efforts the practice had taken to involve patients in their care. There were regular meetings and they were actively involved in undertaking patient surveys. They told us that the PPG met regularly and the meetings were attended by the practice manager.

The practice had gained feedback from patients through its patient surveys. An action plan had not been formulated based on the practice survey and learning and change had not taken place as a result. The practice was not responsive to complaints. Learning from complaints did not take place and mechanisms were not in place to share learning from dissatisfactions with the service with staff through any means of communication.

Management lead through learning & improvement

We found limited evidence of learning and sharing of information to help improve care delivery. The recording of significant events was not consistent as we found no records for the year 2014 and were not assured that all events were being recorded and necessary improvements were always made when things went wrong. Similarly, the practice did not appear to have a system in place for analysing and learning from complaints received about the practice. There was no evidence of formal meetings attended by clinical and non-clinical staff to discuss the complaints, to ensure they were handled appropriately, analysed and lessons were learned from them.

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person did not have an effective system in place to record and inform all staff of significant events that resulted in, or had the potential to result in, harm of people using the service. The registered person was not adequately monitoring and reviewing the patient appointment system. There were no audit systems in place to assess and manage risks to the health and welfare of people who used the surgery and others.</p> <p>This was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not ensure that maintenance of appropriate standards of cleanliness and hygiene in relation to the premises occupied for the purpose of carrying out the regulated activity were met. The leads for infection control had not undertaken training in infection control and was not able to provide advice on the practice infection control policy and carry out staff training.</p> <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

Requirement notices

Regulated activity

Diagnostic and screening procedures
Family planning services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered person did not have the arrangements in place for the safe management of medicines. Concerns were identified with the risk of the cold chain being broken for patients who collected their vaccinations from the local pharmacy. An audit trail for repeat prescriptions managed by the pharmacist was not in place. Audits to check the equipment taken on home visits and to use in the event of an emergency was not in place.

This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12(f) & (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

The registered person did not have an effective system in place for responding appropriately to complaints made by service users, or persons acting on their behalf, in relation to the carrying on of the regulated activity. The complaints procedure did not follow the NHS complaints process including referral to the Ombudsman. The registered person was not recording and reviewing the complaints they had received, to ensure learning was identified and issues addressed.

This was in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Regulation

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures
Family planning services
Surgical procedures
Treatment of disease, disorder or injury

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Recruitment checks were not in place to ensure staff working and who acted as chaperones, were properly vetted to ensure the protection of people using the service.

This was in breach of regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Staff who acted as chaperones required further training in following best practice guidelines. The appraisal system did not include training objectives for staff to achieve within a specific timeframe. The system did not support staff to identify their training and development needs.

This was in breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.