

# Lostock Hall Medical Centre

## Quality Report

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Lostock Hall Medical Centre, Lostock Hall, Preston PR5 5SA on 26 June 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- Significant events and patient complaints were a regular agenda item and discussed in practice meetings. However, minutes of practice meetings lacked details of these discussions and any actions taken as a result of incidents or lessons learned to prevent recurrence.
- The practice had insufficient systems in place to minimise risks to patient safety. There was a backlog of scanning documents such as hospital letters onto electronic patient records, some dating back to

November 2016, which posed a potential risk of important correspondence being missed. These documents had been selected by non-clinical staff and not seen by the GP with no protocol or audit process in place. The practice told us that they would address this immediately.

- The practice added summary information from paper patient notes onto the patient electronic health record system, however, only 23% of patient records had been summarised. This posed a risk of missing patient historical health information on the patient computerised record.
- We were told that patient safety alerts were acted on by staff, however, the practice lacked protocols to ensure that they were dealt with appropriately and they were not kept for information for locum GPs.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment. However, we found three members of staff had not received relevant safeguarding training.

# Summary of findings

- Practice recruitment procedures were comprehensive and newly appointed staff had all received timely performance reviews, although two staff members who had been at the practice for over 12 months had not had an appraisal.
- Blank prescription forms and pads were securely stored, however, there were no systems in place to record the distribution of blank prescription forms to GPs or for monitoring their use. Blank prescription pads were not monitored at all. Vaccine fridges were not plugged into switchless sockets or plugs labelled to prevent accidental disconnection.
- The practice had a variety of risk assessments to monitor safety of the premises, however, control of substances hazardous to health (COSHH) data sheets were not available for the cleaning products used within the practice.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available, however, this information was not freely available with patients having to ask at reception for a complaints leaflet.
- Patients we spoke with said they found it easy to make an appointment however this was not always with their preferred GP. Patients told us urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There were no embedded systems to evidence the review of areas of quality improvement such as NICE (the National Institute for Health and Care Excellence) guidance, patient safety alerts, and any actions taken as a result of these.
- There was a clear leadership structure and staff felt supported by the GP and practice manager.

- The practice had recently established a patient forum to gather feedback from patients. The first meeting of the group was held on 21 June 2017.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.
- Staff said they felt respected, valued and supported, particularly by the GP in the practice. However, staff also told us that they were experiencing pressure due to trying to catch up with the extra workload associated with the backlog of patient communications that had not been entered onto the patient computerised records.

The areas where the provider must make improvements are:

- Ensure care and treatment is provided in a safe way to patients.

The areas where the provider should make improvement are:

- Minimise the risks of accidental disruption of the power supply to the refrigerators used to store vaccines in accordance with guidance from Public Health England.
- Make information on how to complain easily available to patients in the reception area.
- Introduce protocols for dealing with patient safety alerts, clinical guideline changes, significant events and patient complaints to evidence discussion and actions taken and share learning.
- Complete the practice training programme with all staff members including safeguarding training.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

**Requires improvement**



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events. However, there was limited evidence to demonstrate lessons were shared with the staff team to make sure action was taken to improve safety in the practice.
- When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice lacked protocols for dealing with patient safety alerts and they were not kept for information for locum GPs.
- The practice had adequate arrangements to respond to emergencies and major incidents.
- The system for managing patient information was not effective. For example; we found a backlog of letters, with some dating back to November 2016, waiting to be scanned into electronic patient records. Non-clinical staff were selecting items of post to be viewed by a GP or suitable clinician and filing the others to be scanned at a later date; there was no protocol in place for this and no audit of the process.
- Summary patient health information for approximately 77% of paper patient notes had not been entered onto the electronic patient health records.
- Staff demonstrated that they understood their responsibilities with regard to safeguarding although three had not received formal training on safeguarding children and vulnerable adults relevant to their role. The GP and practice manager told us this would be addressed as a matter of urgency.
- Refrigerated vaccines were stored appropriately although vaccine fridges were not plugged into switchless sockets or the plugs clearly labelled to prevent them from being switched off accidentally.
- Blank prescription forms and pads were securely stored, however, there were no systems in place to record the distribution of blank prescription forms to GPs or for monitoring their use. Blank prescription pads were not monitored at all.
- The practice had a variety of risk assessments to monitor safety of the premises, however, control of substances hazardous to

# Summary of findings

health (COSHH) data sheets were not available for the cleaning products used within the practice. The practice manager assured us that these would be obtained as a matter of urgency.

- There was a rota system to ensure enough staff were on duty to meet the needs of patients. However the practice was dependant on locum GPs to help meet the needs of patients and administrative staff were struggling with the backlog of scanning.

## Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were similar to average compared to the national average. The most recently published results for 2015/16 showed the practice had achieved 89% of the total number of points available. The practice provided unverified data to demonstrate this figure had increased for the current period to 97.4%.
- Staff were aware of current evidence based guidance although there was a lack of documentation to evidence discussion of these and shared learning.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment although three new non-clinical staff had not completed safeguarding training.
- There was no evidence of appraisals for staff in post over 12 months although new staff had received performance reviews. The practice manager told us this would be addressed.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved and the GP attended regular multi-disciplinary meetings to discuss the needs of patients receiving palliative care.
- An advanced nurse practitioner (ANP) had been appointed and was to join the team in July 2017. The ANP was planned to provide on-the-day appointments, telephone triage and home visits.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice similar to others for several aspects of care.

# Summary of findings

- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Patients we spoke with were complimentary about the standard of care they received and the professionalism of the staff team.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 102 patients who were also carers (2.6% of the patient list) and provided information of various support services available. For example, referrals were made to the wellbeing support centre, carers were offered influenza vaccinations and home visits were prioritised.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with conditions other than cancer and patients living with dementia.
- Patients we spoke with said they could not always book an appointment when they wanted with the principal GP, with some waiting two weeks for an appointment. The GP told us they were attempting to recruit a salaried GP and had already employed an advanced nurse practitioner (ANP) to improve access to appointments.
- Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was not readily available in the reception area. However, we found the practice responded quickly to any issues raised. Learning from complaints was shared with staff and other stakeholders although documentation to evidence this was sometimes lacking.
- The practice provided space for community clinics such as diabetic eye screening, physiotherapy, phlebotomy, podiatry and midwives. These clinics were open to patients from local practices and meant that people did not need to travel far to have these treatments carried out.

Good



## Are services well-led?

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

Good



# Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. The practice was aware of the risks associated with the lack of attaching a large number of communications relating to patients onto the patient electronic record and of not summarising patient paper records. They told us that they planned to ensure that work was undertaken to rectify this situation in the near future.
- Staff had received inductions and attended staff meetings and training opportunities. However, annual appraisals had yet to be planned for those staff in post for over 12 months.
- The provider was aware of the requirements of the duty of candour. In the examples we reviewed we saw evidence the practice complied with these requirements.
- The GP and practice manager encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice manager was attending a practice manager transformation programme part of which was to implement a patient forum group. The initial meeting of the group was held on 21 June 2017. A member of the patient forum was in attendance for part of the inspection.

# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people.

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services. For example, out of hours services, district nurses, the mental health team and a local hospice.
- We saw evidence to demonstrate there had been an increase in patients receiving pneumococcal vaccinations in the past year.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

### People with long term conditions

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

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- 62% of patients with respiratory disease such as chronic obstructive pulmonary disease (COPD) had a review in the last 12 months which was similar to the clinical commissioning group (CCG) and national average of 69%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.



# Summary of findings

- There was a system to recall patients for a structured annual review to check their health and medicines needs were being met. 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.
- The practice provided a treatment room to host clinics such as diabetic eye screening and podiatry. These clinics were also open to patients from local practices.

## Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The GP had a special interest in gynaecology and provided pre-conception advice and sub-fertility investigations.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- The practice provided family planning services including coil fitting.
- The practice's uptake for the cervical screening programme was 77%, which was comparable with the local and national average of 71% and 73% respectively.

Good



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

The practice is rated as good for the care of working age people (including those recently retired and students).

Good



# Summary of findings

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, Saturday appointments.
- 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 appointments were available with the GP for those patients who were unable to attend the practice.
- The practice was planning to introduce a patient messaging system that enabled patients to communicate with the GP electronically.
- A treatment room was available on the premises every Friday morning and appointments with the Quit Squad, a local support group for smoking cessation advice, were available.

## People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, refugees, travellers and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability. The GP, practice nurse and practice manager attending a learning disability training event on 7 June 2017.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Those staff we interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

Good



# Summary of findings

- The practice carried out advance care planning for patients living with dementia.
- 77% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the local and national average of 81% and 78% respectively.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. For example, 86% of patients on the mental health register had had a blood glucose check in the preceding 12 months which was better than the local and national average of 74% and 75% respectively.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

What people who use the practice say

What people who use the practice say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with or slightly lower than local and national averages. A total of 297 survey forms were distributed and 115 were returned. This represented a 39% response rate and 3% of the practice's patient list.

- 81% of patients described the overall experience of this GP practice as good compared with the clinical commissioning group (CCG) average of 87% and the national average of 85%.
- 71% of patients described their experience of making an appointment as good compared with the CCG average of 74% and the national average of 73%.
- 65% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG and national average of 80% and 78% respectively.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 comment cards which were all positive about the standard of care received. Patients commented on the recent staff changes and how positive this had been and the professionalism of the staff. Patients said that the reception staff were polite, caring and helpful and commended the clinical staff for listening and providing information. There were also a few comments about there being some difficulty in getting an appointment.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The most recent friends and family test results showed 65% of the 35 patients who completed a form would recommend the practice to a friend or family member.

## Areas for improvement

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

- Ensure care and treatment is provided in a safe way to patients.

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

- Minimise the risks of accidental disruption of the power supply to the refrigerators used to store vaccines in accordance with guidance from Public Health England.

- Make information on how to complain easily available to patients in the reception area.
- Introduce protocols for dealing with patient safety alerts, clinical guideline changes, significant events and patient complaints to evidence discussion and actions taken and share learning.
- Complete the practice training programme with all staff members including safeguarding training.

# Lostock Hall Medical Centre

## 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 and a second CQC inspector.

## Background to Lostock Hall Medical Centre

Lostock Hall Medical Centre is situated in the Lostock Hall area of Preston and is situated in a two-story Edwardian building. The practice has a ramp to the front of the building and an adapted toilet. Treatment rooms are located on the ground floor and doorways are wide enough for people using a wheelchair to get around with ease. There is some on-site car parking for patients with on-road parking close by.

There is one female GP assisted by locum GPs and two female practice nurses. A practice manager and seven administrative and reception staff also support the practice. One of the reception staff is also the practice medicines co-ordinator. A new advanced nurse practitioner is recruited to start in July 2017. The practice has access to community services such as community midwives, community nurses, health visitors and the mental health crisis team. A treatment room is provided by the practice for these services to hold regular clinics.

The practice opening hours are 8am to 6.30pm Monday to Thursday and 8.30am to 6.30pm on Friday. Appointments are available from 9am to 5pm Monday to Friday. Extended hours are offered two Saturdays a month from 8.30am to 11.30pm. When the practice is closed, patients are able to access out of hours services by telephoning 111.

The practice provides services to 3,834 patients. There are similar numbers of patients aged under 18 years of age (20%) when compared to the national average (21%) and similar numbers of patients aged over 65 years of age (16%) to the national average of 17%.

The practice is part of the Greater Preston Clinical Commissioning Group (CCG) and services are provided under a General Medical Services Contract (GMS).

Information published by Public Health England rates the level of deprivation within the practice population group as eight on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Both male and female life expectancy is the same as the national average, 83 years for females and 79 years for males.

The practice has a similar proportion of patients experiencing a long-standing health condition, 54%, compared to the national average of 53%. The proportion of patients who are in paid work or full time education is 73% which is above the local average of 64% and national average of 63%, and the proportion of patients who are unemployed is 2% which is below the local and national average of 4%.

## 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.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations such as the clinical commissioning group (CCG) to share what they knew. We carried out an announced visit on 26 June 2017. During our visit we:

- Spoke with a range of staff including the GP, the new advanced nurse practitioner, a practice nurse, reception and administrative staff, the medicines coordinator and practice manager and spoke with patients who used the service including two members of the patient forum (also known as the patient participation group or PPG).
- Observed how patients were being cared for in the reception area and talked with carers and/or family members.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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 living with dementia).

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

# Are services safe?

## Our findings

### Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of four documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a verbal or written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of the significant events and implemented changes where necessary. For example, there had been a delay following a request for a domiciliary blood sample; the request was faxed to the community team in the morning but was not picked up or acted on until later in the day and was too late for the lunchtime collection from the pathology lab. The bloods were taken later in the day and delivered to the lab by the sample taker. This incident resulted in a change to the way requests for bloods were made. Any faxed requests were followed up with a phone call to ensure the request was received in a timely manner.
- The practice also monitored trends in significant events and evaluated any action taken.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. However, although significant events were a regular agenda item at team meetings, the meeting minutes did not contain sufficient evidence to demonstrate that lessons learned from safety alerts and significant events were shared with the staff group.
- There were no protocols in place for managing patient safety alerts. These alerts were received by the practice

manager and forwarded to the medicines coordinator. There was no formal process in place to ensure these were followed up appropriately and copies of alerts were not kept for locum GPs.

- The practice did not have a written protocol in place for managing communications received into the practice. On the day of the inspection we saw a large amount of documents and letters, some dating back to November 2016, waiting to be scanned into patient records. Non-clinical staff were prioritising those documents that they believed were requiring sight of the GP and were scanning these onto the patient record and passing them to the GP for action. The remaining post was left in the backlog of communications waiting to be scanned, a delay of many weeks. There was no protocol in place for this and no audit of the process. Although the GP saw patient test results in a timely manner, the delay in scanning documents into patient records and non-clinical staff removing documents without sight of a GP posed a potential risk of important information being missed. In addition to this, only 23% of patient paper records were summarised onto the electronic record system which also posed a risk of missing information.

### Overview of safety systems and processes

The practice had systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements and 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 member of staff for safeguarding. From the documented examples we reviewed we found that the GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding, however, three new non-clinical staff members had not received training on safeguarding children and vulnerable adults relevant to their role. The practice told us that they would address this immediately. GP and practice nurses were trained to child protection or child safeguarding



## Are services safe?

level three, however, the safeguarding certificate for locum on duty on the day of the inspection had recently expired. The practice manager told us they would check this had been renewed before booking the locum again.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The new advanced nurse practitioner starting in July was planned take on the role of infection prevention and control (IPC) clinical lead. In the interim period this role was shared by the practice nurse and GP who liaised with the local infection prevention teams to keep up to date with best practice.
- There was an IPC protocol and staff had received up to date training. An IPC audit was undertaken in September 2016 and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were authorised and signed by the GP before being dispensed to patients and there was a reliable process to ensure this occurred.
- Medicines were stored securely and refrigerated medicines were stored according to the cold chain policy to keep them safe. We saw evidence that fridge temperatures were monitored on a daily basis. We found both fridges were not wired into a switchless socket or the vaccine refrigerator plugs clearly labelled

with a notice such as “do not unplug/switch off” to prevent them being turned off accidentally. There was a small notice on the door of one of the fridges but this was not clearly displayed.

- The practice carried out medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored however, there were no systems in place to record the distribution of blank prescription forms to GPs or for monitoring their use. The only record maintained was when the new box of prescriptions was opened. Prescription pads were not logged at all with no means of monitoring their use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

### Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. A portable appliance test was carried out in May 2017 and the calibration of medical equipment was carried out on 20 January 2017.
- The practice had a variety of other risk assessments to monitor safety of the premises such as infection control and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings). A legionella risk assessment was carried out on 8 March 2017. However, control of substances



## Are services safe?

hazardous to health (COSHH) data sheets were not available for the cleaning products used within the practice. The practice manager assured us that these would be obtained as a matter of urgency.

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice had recruited two additional administrative staff in June 2017 to increase staff resources, however, administration staff were asked to work during their normal working hours to address the backlog of scanning that needed to be done in addition to their normal role. Staff told us that this put them under extra pressure.

### **Arrangements to deal with emergencies and major incidents**

The practice had adequate arrangements 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; the most recent training was carried out on 15 March 2017.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. Although NICE guidelines were acted on by staff there was a lack of documentation of discussion and action taken to evidence shared learning.

### 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 in 2015/2016 were 89% of the total number of points available compared with the national average of 95%. Unverified data from the practice showed that this had increased in 2016/2017 to 97.4%.

Exception reporting figures in 2015/2016 for the practice were lower than the clinical commissioning group (CCG) and national averages (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). The practice exception reporting figure overall was 8.2% compared to the national average of 9.2%.

- Performance for diabetes related indicators was lower than the CCG and national averages. For example, the percentage of patients who had their blood sugar levels well-controlled was 64% compared to the local average of 78% and national average of 80%. The percentage of patients with blood pressure readings within recommended levels was 72% compared to the local average of 87% and national average of 86%. Practice unverified data for 2016/2017 showed an improvement in overall achievement for diabetes related indicators of 85% compared to 76% previously.

- Performance for mental health related indicators was lower than or similar to the CCG and national averages. For example 62% of patients experiencing poor mental health had their blood pressure checked in the last 12 months in comparison to the CCG and national average of 84% and 81% respectively. However, 76% of patients experiencing poor mental health had their cholesterol checked in the last 12 months compared to the CCG and national average of 67% and 68% respectively.

There was evidence of quality improvement including clinical audit:

- There had been nine clinical audits commenced in the last year, two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken as a result included; the process for booking a six-week coil check following coil insertion had been changed so that appointments were made by the practice nurse assisting the GP with the coil insertion, rather than the patient having to go to the desk to book.

### Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had experienced major changes in staffing since June 2016 when the senior GP partner retired. The practice manager had been recruited in April 2016 and all remaining staff had also changed.
- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. One of the practice nurses was undertaking additional training in diabetes care at the University of Central Lancashire.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. One of the practice nurses had completed an update in cytology at Birmingham women's hospital.

# Are services effective?

## (for example, treatment is effective)

Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- Most of the staff group had been appointed within the last year and had received interim reviews. One member of administration staff and the practice manager had been in post over 12 months but had not yet received an appraisal. The practice manager was aware of this and gave a commitment to arrange dates for appraisals. 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.
- Practice staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house 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.
- From the examples we reviewed we found that 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. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. The practice had worked to improve attendance at these meetings and extend the range of healthcare professionals who attended.

The practice shared information with the out of hours service (OOH) regarding patients nearing the end of their lives. This included when a do not attempt cardiopulmonary resuscitation (DNACPR) order was in place.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. The practice had carried out a search on the practice clinical computer record system and found 12 patients who were previously not included in the palliative care register. The GP was in the process of reviewing these patients and discussing their condition and care planning.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. The practice nurse told us they recorded on patients' records when a chaperone was offered and whether this was accepted or declined.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. The practice nurse was aware of relevant legislation when patients were under the age of 16 years such as the Gillick competency and Fraser Guidelines. Gillick competency and Fraser guidelines refer to a legal case which looked specifically at whether doctors should be able to give contraceptive advice or treatment to under 16-year-olds without parental consent and to help assess whether a child has the maturity to make their own decisions, and to understand the implications of those decisions.
- 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.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

# Are services effective?

(for example, treatment is effective)

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- A treatment room was available on the premises every Friday morning and appointments with the Quit Squad, a local support group for smoking cessation advice, were available.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were generally higher than CCG and national averages. For example, rates for the vaccines given to under two year olds ranged from 97% to 100% and five year olds from 98% to 100%.

The practice's uptake for the cervical screening programme was 79%, which was higher than the CCG average of 71% and the national average of 81%. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the

practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

We saw the practice had been proactive in encouraging patients to have pneumococcal vaccinations with the uptake increasing from 40 patients in 2015/16 to 130 patients in the period 2016/17. This was achieved by the practice nurses offering the vaccination when patients attended for the flu vaccination and during chronic disease reviews, a telephone campaign and identifying patients with an alert on their electronic records.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. The NHS health check had not been available at the practice prior to 2016. The practice submitted evidence to show that 116 health checks had been carried out in the period 2016/17. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

The practice provided a treatment room for various visiting health care professionals including a physiotherapist.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Disposable curtains were provided in most consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Where fabric curtains were used there was evidence to demonstrate they had been professionally laundered on 20 June 2017.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 21 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with patients including two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice results were variable when compared to local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 85% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%

- 79% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national average of 86% and 85% respectively.
- 98% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) and the national average of 92%.
- 98% of patients said the nurse gave them enough time compared with the CCG and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared with the CCG and the national average of 91%.
- 99% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.
- 82% of patients said they found the receptionists at the practice helpful compared with the CCG average of 86% and the national average of 87%.

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

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

Children and young people were treated in an age-appropriate way and recognised as individuals.

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

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 82%.
- 98% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.

## Are services caring?

- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national average of 86% and 85% respectively.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

### **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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 102 patients as carers which represented 2.6% of the practice list. This information was used to provide them with written information about carers' support services. Carers were offered influenza vaccinations and carers' home visits were prioritised. Older carers were offered timely and appropriate support.

The practice was planning to nominate a member of staff to act as carers' champion to help ensure that the various services supporting carers were coordinated and effective.

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

The practice website gave detailed information about what to do following a bereavement including how to register a death and arrange a funeral.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on two Saturday mornings per month for working patients who could not attend during normal opening hours. There were plans for 2017/18 to further improve access to appointments with the incoming advanced nurse practitioner triaging calls, carrying out some home visits and providing additional appointment slots.
- The practice used a text messaging system to remind patients about appointments and were planning to introduce a patient messaging system that enabled patients to communicate with the GP electronically.
- 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.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice provided space for community clinics such as diabetic eye screening, physiotherapy, phlebotomy, podiatry and midwives. These clinics were open to patients from local practices and meant that people did not need to travel far to have these treatments carried out.
- Patients told us they were able to book an appointment with a locum GP however, they sometimes waited up to two-weeks for an appointment with the principal GP. We checked the next available appointment for the lead GP and this was 17 July 2017.
- Patients were able to receive travel vaccines available on the NHS and were referred to other clinics for vaccines available privately.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Thursday and 8.30am to 6.30pm on Friday.

Appointments available were from;

Monday: 9.30am to 12noon - 2.30pm to 5.45pm

Tuesday: 9.30am to 11.45am - 2.30pm to 5.45pm

Wednesday: 9.30am to 12 noon - 1.30pm to 5.45pm

Thursday: 9am to 11.20am - 2pm to 4.20pm

Friday: 8.30am to 11.50am - 2pm to 5pm

Extended hours were offered two Saturdays a month from 8.30am to 11.30pm. When the practice was closed, patients were able to access out of hours services by telephoning NHS 111. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was generally comparable to local and national averages.

- 67% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 76% of patients said they could get through easily to the practice by phone compared to the CCG average of 74% and the national average of 73%.
- 83% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 84% and the national average of 85%.
- 95% of patients said their last appointment was convenient compared with the CCG average of 93% and the national average of 92%.
- 71% of patients described their experience of making an appointment as good compared with the CCG average of 74% and the national average of 73%.
- 53% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 63% and the national average of 58%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. However, this was not always with the GP of choice.

# Are services responsive to people's needs?

(for example, to feedback?)

The practice had a system to assess:

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

This was done by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## **Listening and learning from concerns and complaints**

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system although this information was not readily available in the reception area.
- In response to patient comments regarding the length of time patients sat in the waiting room to see the principal GP, the practice had implemented 15-minute appointments for the GP. A later start time for the afternoon surgery to allow for home visits and meetings was planned to commence November 2017. In addition the practice had employed an advanced nurse practitioner who was recruited to start 24 July 2017.

We looked at nine complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learned from individual concerns and complaints and also from analysis of trends, and action was taken as a result to improve the quality of care. For example, the practice protocol for staff answering patient telephone calls was reviewed to improve patient care.



# Are services well-led?

Good 

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

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## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The practice must comply with Regulation 12(1).</p> <p>Care and treatment must be provided in a safe way for service users to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p><b>How the regulation was not being met:</b></p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none"><li>• Staff were removing items of post without overview from the GP and with no protocol in place or audit of the process. These items were not scanned in timely way onto patient computerised records and there was a backlog dating back to November 2016.</li><li>• Summary information from around 77% of patient paper records had not been added to patient computerised records.</li><li>• The use of blank prescription forms and pads was not monitored.</li><li>• Control of substances hazardous to health (COSHH) data sheets were not available.</li></ul> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>