

Park Lane Practice

Quality Report

7-9 Park Lane
Swindon
Wiltshire
SN1 5HG
Tel: 01793 523176
Website: www.parklanepractice.com

Date of inspection visit: 4 April 2017
Date of publication: 29/06/2017

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?

Requires improvement



Are services effective?

Requires improvement



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	8
What people who use the service say	12

Detailed findings from this inspection

Our inspection team	13
Background to Park Lane Practice	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15
Action we have told the provider to take	28

Overall summary

Letter from the Chief Inspector of General Practice

When we visited Park Lane Practice on 13 January 2016 to carry out a comprehensive inspection, we found the practice was not compliant with the regulation relating to good governance. Overall the practice was rated as requires improvement. They were rated as requires improvement for providing safe, effective, caring, responsive and well-led services. The full report on the January 2016 inspection can be found by selecting the 'all reports' link for Park Lane Practice on our website at www.cqc.org.uk.

This inspection was also an announced comprehensive inspection and we visited the practice on 4 April 2017. We found the practice had made changes in some areas. However there were still significant areas of concern and our overall rating for the practice is now Inadequate.

Our key findings were as follows:

- When we inspected the practice in January 2016 we found they were in breach of the regulations for good governance and told them they must ensure there were formal governance arrangements in place. On

our inspection in April 2017 we found no clear evidence the practice had taken any action to address this. This meant there was a break in the chain of accountability.

- When we inspected the practice in January 2016 we told the practice they must take action in a number of other areas. When we inspected the practice in April 2017 we found no evidence all of these had been addressed in a planned or structured manner. For example, clinical audit.
- Same day appointments were not always available, although the practice was able to make appointments for patients at another service.
- The practice did not adequately promote effective use of its appointment capacity.
- Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below the local and national averages. Patients we spoke with said it was hard to get through to the practice by phone and hard to get an appointment.

Summary of findings

- The practice had systems to minimise risks to patient safety, however these did not always operate effectively. For example references had not been taken for one salaried GP.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

The areas where the provider must make improvements are:

- Review of their system for promoting the range of appointments available to ensure they make effective use of their extended hours capacity.
- Ensure they have an effective system for patients to access appointments by telephone.
- Develop an induction pack for locum GPs.
- Implement an effective system for monitoring blank prescription forms that is in line with current guidance.
- Ensure they have a clear governance framework to support the delivery of good quality care and there is documentation relating to the planning and monitoring of services and the identifying, capturing and managing of issues.
- Ensure they have a business plan or similar document, setting out how the practice plans to develop and improve its services.
- Ensure they have a system or plan for assessing, monitoring and improving outcomes for patients.
- Ensure staff that triage patients phone calls have received training and are given clear guidance as to the role.
- Improve the recording of discussions and actions agreed during practice meetings and ensure learning points are recorded with enough detail for staff that may not have been able to attend.

In addition the provider should:

- Ensure all learning from complaints is shared with all staff.
- Review how patients are made aware of the practice's emergency number to use when the surgery is closed.
- Ensure the practice website provides accurate information.
- Ensure references are obtained for all staff employed by the practice.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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; lessons were shared 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. We were told these processes had been reviewed and revised since our last inspection in January 2016.
- We saw evidence that lessons were shared and action was taken to improve safety. However, the minutes of meetings where they were discussed did not always provide adequate detail in order to inform those unable to attend the meetings.
- The practice had systems, processes and practices to minimise risks to patient safety, however these did not always operate effectively. We found that references had not been taken for a salaried GP.
- The system to monitor the use of blank prescription forms was not in line with current guidance. For example, the practice could not provide evidence that they recorded the serial numbers when they were delivered or tracked their use to enable identification if any went missing.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

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

Requires improvement



- Data from the Quality and Outcomes Framework showed patient outcomes were comparable to the national averages.
- Staff were aware of current evidence based guidance.
- On our last inspection in January 2016 we told the practice they must “Implement and improve a system of clinical audit cycles

Summary of findings

to ensure effective monitoring of service quality". On this inspection the practice was unable to evidence any clinical audit plan or system to ensure appropriate audits were conducted. There was no planned programme of future audits.

- Reception staff who were making decisions as to which patients to refer to the local Urgent Care Centre had not received training for this role and there was no clear guidance.
- There was evidence of appraisals and personal development plans for all staff.
- 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.
- There was no locum pack or information for locums.

Are services caring?

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

- Data from the national GP patient survey showed mixed patients feedback. Results for GPs were lower compared with local and national averages and results for nurses were mostly above local and national averages.
- We spoke with nine patients. They all told us they were satisfied with the care provided by the GPs and nurses.
- 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.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Requires improvement



Are services responsive to people's needs?

The practice is rated as inadequate for providing responsive services.

- The practice was well equipped to treat patients and meet their needs.
- There was a check in screen available in eight languages such as Polish and Urdu.
- Same day appointments were not always available for children and those patients with medical problems that require same day consultation. When the practice did not have any appointments available, patients were advised to attend the local children's and young people's clinic or given an appointment at the local urgent care centre as appropriate.

Inadequate



Summary of findings

- Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below the local and national averages. For example, 37% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and the national average of 73%.
- The practice did not adequately promote effective use its appointment capacity. For example, we saw evidence that only 10% of the GP extended hours face to face appointments had been used.
- The phone number to access the on-call GP during core hours when the practice was closed, (for example, when they closed for lunch), was not readily available or easy to find.
- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day.
- Information about how to complain was available and evidence from two examples reviewed showed the practice responded quickly to issues raised. However, there was no evidence all learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- When we inspected the practice in January 2016 we found they were in breach of the regulations for good governance and told them they must ensure there were formal governance arrangements in place. On our inspection in April 2017 we found no clear evidence the practice had taken any action to address this. This meant there was a break in the chain of accountability.
- When we inspected the practice in January 2016 we told the practice they must take action in a number of other areas. When we inspected the practice in April 2016 we found no evidence all of these had been addressed in a planned or structured manner. For example, clinical audit.
- The practice did not have a business plan or similar document setting out how the practice planned to develop and improve its services.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.

Inadequate



Summary of findings

- The provider was aware of the requirements of the duty of candour.

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

However, there were examples of good practice.

- 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 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.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible

Inadequate



People with long term conditions

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

However, there were examples of good practice.

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The blood pressure for 82% of patients with diabetes, on the register, was within the target range at their last reading (measured in the preceding 12 months) compared to a clinical commissioning group average of 76% and national average of 78%.
- 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.

Inadequate



Summary of findings

- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and 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.

Families, children and young people

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

However, there were examples of good practice.

- 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 most standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- 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.

Inadequate



Working age people (including those recently retired and students)

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

- The age profile of patients at the practice was mainly those of working age, students and the recently retired but the services available did not fully reflect the needs of this group.

Inadequate



Summary of findings

- Although the practice offered extended opening hours for appointments on Monday and Tuesday morning they were not effectively used or offered to patients.
- Patients told us they found it hard to get through to the practice by phone. We spoke to working patients who told us the only way they could get an appointment was to wait outside the practice for it to open at 8.30 in the morning.
- The practice provides a range of services for this group including contraceptive, immunisations, maternity care, counselling, smoking clinics, extended hours and minor surgery.
- 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.

People whose circumstances may make them vulnerable

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

However, there were examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, 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 practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Staff 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.

Inadequate



People experiencing poor mental health (including people with dementia)

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

Inadequate



Summary of findings

The provider is rated as requires improvement for safe, effective and caring, and inadequate for responsive and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

However, there were examples of good practice.

- We saw evidence there had been an improvement in the care given to this patient group since our previous inspection in January 2016.
- 80% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, compared to the clinical commissioning group average of 82% and national average of 84%.
- Results from the national GP patient survey published in July 2016 showed that 95% of patients diagnosed with a psychosis had a comprehensive, agreed care plan documented in their record, in the preceding 12 months, compared to the clinical commissioning group average of 87% and national average of 89%. However, during our inspection we found evidence that care plans were not shared with patients or carers.
- 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 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

The latest national GP patient survey results were published in July 2016 and showed the practice was performing below the local and national averages. Two hundred and seventy five survey forms were distributed and 126 were returned. This represented 1.9% of the practice's patient list.

- 68% of patients described the overall experience of this GP practice as good compared with the CCG average of 83% and the national average of 85%.
- 49% of patients described their experience of making an appointment as good compared with the CCG average of 69% and the national average of 73%.
- 55% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG average of 77% and the national average of 80%.

We reviewed the comments patients had made on the NHS Choices website. The practice had been rated as 1.5 out of five based on the ratings of 19 reviewers. The most common concern reported was difficulties in getting appointments.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received ten comment cards. Eight were positive about the standard of care received and two gave mixed feedback. Patients said the staff were kind, caring and treated them with respect. The two negative comments related to reception staff and the national shortage of GPs.

We spoke with nine patients during the inspection. All nine patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. However, eight said it was difficult, or very difficult to get through to the practice by phone and to get an appointment.

The practice participated in the friends and family test in which patients are asked if they would recommend the practice to friends and family. We saw that in the three month period of November 2016 to January 2017, 300 responses had been received and 84% said they were likely or extremely likely to recommend the practice to their family and friends.

Park Lane Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection was led by a CQC Lead Inspector. The team included a GP specialist adviser and two practice nurse specialist advisers.

Background to Park Lane Practice

Park Lane Practice is a GP practice located in Swindon. It is one of the practices within the Swindon Clinical Commissioning Group and has approximately 6,600 patients. The practice building is three converted terraced houses built in 1890. There are five consulting rooms, two treatment rooms, a waiting area, a self-check in appointment system and a toilet with access for people with disabilities. All patient services were located on the ground floor except for one treatment room where minor surgery was carried out. We were told that when conducting minor surgery on patients who might have difficulty with stairs, the downstairs treatment room was used instead.

The area the practice serves has an estimated 13% of people from different cultural backgrounds and is in the medium range for deprivation nationally. The practice has a slightly higher than average patient population aged between 25 and 50 years old. Average male and female life expectancy for the area is 78 and 82 years, which is in line with the national average of 79 and 83 years respectively.

The practice provides a number of services and clinics for its patients, including childhood immunisations, family planning, minor surgery and a range of health lifestyle management and advice services including diabetes management and smoking cessation.

There is one principal GP, two salaried GPs and two long term locum GPs. Three GPs are male and two female. Collectively they work the equivalent of 2.75 full time hours. They are supported by one nurse practitioner, a long term locum nurse practitioner, a long term locum practice nurse, one health care assistant and an administrative team of seven led by the practice manager.

The practice is open between 8.30am and 12.30pm in the morning and 2pm to 5.30pm Monday to Friday, except Wednesday when the practice closes all afternoon. GP appointments are available between 8.30am and 11.30am every morning and 2.30pm to 5.15pm every weekday except Wednesday. An extended hours service is offered on Monday and Tuesday mornings consisting of a limited number of pre-booked early morning telephone consultations (starting at 6.50am) followed by pre-booked face to face consultations (GP or Nurse) between 7.00am and 8.00am.. Appointments can be booked over the telephone or in person at the surgery.

From 8am to 8.30am, 12.30 to 2pm, 5.30pm to 6.30pm on week days and on Wednesday afternoon when the practice is closed patients are advised, via the practice's telephone system to phone another number to contact the practice on-call GP. The practice website advises patients that when the practice is closed they should phone the out of hours service. Out of hours services are provided by Great Western Hospitals and can be accessed by calling NHS 111.

The practice has a General Medical services contract to deliver health care services. This contract acts as the basis for arrangements between NHS England and providers of general medical services in England.

Detailed findings

The practice provides services from the following site:

- Park Lane Practice, 7-9 Park Lane, Swindon, Wiltshire, SN1 5HG

Why we carried out this inspection

On 13 January 2016 we undertook a comprehensive inspection of Park Lane Practice under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. We also issued a requirement notice to the provider in respect of good governance setting the legal requirements that were not being met.

We carried out this announced comprehensive inspection on 4 April 2017 to check that action had been taken to comply with legal requirements, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 4 April 2017. During our visit we:

- Spoke with a range of staff including; the lead GP, a salaried GP, two practice nurses, the practice manager and six administrative and reception staff
- Spoke with nine patients who used the service including, two members of the patients participation group.

- Observed how patients were being cared for in the reception area.
- 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.
- Visited all practice locations
- 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

When we inspected the practice in January 2016 we found breaches in the regulations relating to safe practices. We told the practice they must review their process for investigating and implementing change following incidents, significant events and patient safety alerts to ensure actions are completed. When we inspected the practice in April 2017 we saw no evidence of a review of the practice processes or procedures, such as minutes of governance meetings where the issue was discussed. We were told procedural changes had been made. For example, all staff signed a form saying they had read any learning points identified from an analysis of each significant event. We looked at a sample of significant events and patient safety alerts and saw evidence that all actions had been completed. We noted that some complaints were considered as 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 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 written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events had been discussed. The practice carried out an analysis of the significant events and took action where appropriate. For example, when a patient tripped over the shallow ramp leading to the surgery door the practice had yellow lines painted along each edge to help prevent the incident happening again.

- We saw evidence that lessons were shared and action was taken to improve safety in the practice. However, the minutes of meetings where they were discussed did not always provide an adequate description of the issues discussed for those unable to attend.
- The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and processes

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding.
- Staff interviewed, demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nurses were training to either level two or three.
- 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 practice nurse was the infection prevention and control (IPC) clinical lead 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. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- With the exception of blank prescription forms, the arrangements for managing medicines, including

Are services safe?

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 signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular 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. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The health care assistants had been trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.
- Blank prescription forms and pads were securely stored. However, the systems to monitor their use were not in line with current guidance. For example, the practice could not provide evidence that they recorded the serial numbers when they were delivered or tracked their use in a manner that would allow them to identify if any had gone missing.
- There were cupboards in the patients waiting area that were used to store needles, syringes and other medical supplies. We were told these cupboards were locked at night but left open during the day which meant they were not secure while patients were in the waiting room. Following our inspection the practice informed us the syringes and needles had been moved to a cupboard in an area not accessed by patients.

We reviewed four personnel files and found (with the exception of one salaried GP) that, 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. However we found that no references had been taken

for a salaried GP. We were told that the reason for this was that the GP had previously been a locum GP at the practice and was known to them. This was not in line with statutory guidance.

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 were designated fire marshals within the practice. 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.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We heard the practice had been having difficulties recruiting the number of staff they required. However, a new nurse practitioner and two receptionists had recently started and an additional GP was due to start in May 2017.

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 and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.

Are services safe?

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- After we inspected the practice in January 2016 we said they must develop a comprehensive business continuity

plan in order to deal with major incidents such as power failure or building damage. On this inspection we saw they had developed such a plan which 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.
- The practice monitored that these guidelines were followed through audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and national average of 95%.

The overall exception reporting rate was 6% which was similar to the CCG and national averages, also at 6%. (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).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 3/2015 to 4/2016 showed:

- Performance for diabetes related indicators was higher than the CCG and national averages. For example, the last blood pressure reading for 82% of patients on the register with diabetes, was in the therapeutic range of 140/80 mmHg or less, compared to the CCG average of 76% and national average of 78%.

On our last inspection in January 2016 we told the practice they should, "develop and implement a clear action plan, to improve the outcomes for patients experiencing poor mental health". On this inspection the practice was unable

to provide evidence of a clear action plan although we noted that their performance had improved. Performance for mental health related indicators were higher than the CCG and national averages. For example,

- 90% of patients with a psychosis on the register had their alcohol consumption recorded in the preceding 12 months, compared to the CCG average of 84% and national average of 89%.
- 95% of patients with a psychosis had a comprehensive care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate. This is above the CCG average of 87% and national average of 89%. However, during our inspection we found evidence that care plans were not shared with patients or carers.

On our last inspection in January 2016 we found breaches in the regulations relating to clinical audits and we told the practice they must, "implement and improve a system of clinical audit cycles to ensure effective monitoring and assessment of the quality of the service". On this inspection the practice was unable to evidence any clinical audit plan or system to ensure appropriate audits were conducted. There was no planned programme of future audits. We saw evidence that five clinical audits had been completed in the last 12 months but none was a complete cycle audit where improvements had been implemented and monitored.

Effective staffing

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

- The practice had an induction programme for newly appointed staff. The induction programme covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. However, there was no induction plan or information pack for locums.
- When we inspected the practice in January 2016 we found not all staff had received an appraisal and we told them they must ensure all staff received regular annual appraisals. When we visited in April 2017 we saw evidence that all who had been in post more than six months had received regular appraisals.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term

Are services effective?

(for example, treatment is effective)

conditions. However, we saw that reception staff making decisions as to which patients to refer to the local Urgent Care Centre had not received training for this role or given adequate guidance.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. 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 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.

However, we found that care plans were not routinely shared with patients and carers.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- 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 sign-posted them to relevant services. For example:

- These included patients receiving end of life care, carers, those at risk of developing a long-term condition and those wishing to stop smoking.
- Where appropriate patients were signposted to the relevant external services, such as local carer support group.
- A practice nurse from the CCG offered clinics for smoking cessation advice at the practice.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. The practice had achieved three out of the four national targets. For example, 95% of eligible children had received the pneumococcal conjugate booster vaccine, compared to the target of 90%. We saw the practice had missed one target by 0.2% as 89.8% of children aged one had received a full course of the recommended vaccines compared to the target of 90%.

The practice's uptake for the cervical screening programme was 72%, which was lower than the CCG average of 86%

Are services effective?

(for example, treatment is effective)

and the national average of 81%. We discussed this with the practice and found they had taken appropriate steps to increase uptake. This included putting a flag on the patient's notes so it could be discussed with them opportunistically and sending additional letters to patients making them aware of the benefits of having a screening.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and they 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. When we visited the practice in January 2016 we found that 16% of patients eligible had undertaken bowel cancer screening compared to the national average of 58% and we told the practice they should implement a system to promote the benefits of bowel screening to increase patient uptake. When we inspected the practice in April 2017 we saw evidence that the practice had done an audit of their bowel cancer screening and taken a number of steps to increase uptake. For example, they started bowel cancer screening campaign with posters in the practice and news items on their website. The most recent data that showed 52% of eligible patients had been screened for bowel cancer compared to the national average of 56%.

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. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- 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.
- Patients could be treated by a clinician of the same sex.

We spoke with nine 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 the practice satisfaction scores on consultations with GPs and nurses were mixed. Results for GPs were lower compared with local and national averages and results for nurses were mostly above local and national averages. For example:

- 83% of patients said the GP was good at listening to them compared to the CCG average of 88% and the national average of 87%. We noted this was a 2% increase since our last inspection in January 2016.
- 81% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%. This was a 4% decrease from the score we noted on our last inspection.
- 84% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 90% and the national average of 92%. This was an 11% decrease from the score we noted on our last inspection.
- 78% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 85%.

- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.
- 94% of patients said the nurse gave them enough time compared with the CCG average of 90% and the national average of 92%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 77% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% 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 how patients responded to questions about their involvement in planning and making decisions about their care and treatment. Results were mixed. Results for GPs were lower compared with local and national averages and results for nurses were mostly above local and national averages. For example:

- 77% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%. We noted this was a 5% decrease from the score we noted on our last inspection in January 2016.
- 69% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 80% and the national average of 82%. We noted this was a 2% decrease from the score we noted on our last inspection in January 2016.
- 90% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 90%.

Are services caring?

- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 84% and the national average of 85%.

During our inspection we discussed the mixed feedback patients regarding their involvement in planning and making decisions about their care and treatment, and whether they felt they were treated with compassion, dignity and respect. The practice told us they believed the mixed feedback was a reflection of a number of challenges they had been facing such as the difficulty in recruiting GPs and other staff and the setbacks they had experienced in getting a new telephone system.

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.

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 93 patients as carers (1.4% of the practice list) and 98% had attended for health check in the last 12 months. There was a carer's notice board in the waiting area giving information to carers and written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support.

Staff told us that if families had experienced bereavement, they were usually sent a condolences card and offered access to other services that may be appropriate such as counselling.

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:

- 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 not always available for children and those patients with medical problems that require same day consultation. When the practice did not have any appointments available patients were advised to attend the local children's and young people's clinic or given an appointment at the local urgent care centre as appropriate.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- The practice had a check in screen that was available in eight languages such as Polish and Urdu. Other reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services.

Access to the service

The practice was open between 8.30am and 12.30pm in the morning and 2pm to 5.30pm in the afternoon, Monday to Friday, except Wednesday when they close all afternoon. GP appointments were available between 8.30am and 11.30am every morning and 2.30pm to 5.15pm every weekday, except Wednesday.

The General Medical Services contract the practice had with the commissioners required the practice to provide a service between the hours of 8am to 6.30pm. When closed the practice answering machine gave a message which

included information that between 8am to 8.30am, 5.30pm to 6.30pm and on Wednesday afternoons when the surgery was closed, patients could access the practices emergency on-call GP by phoning the number given. However, this information was not clearly available in the waiting room or on the practice website which told patients to phone NHS 111 when they were closed, including, for example, Wednesday afternoon.

An extended hours service was offered on Monday and Tuesday mornings consisting of a limited number of pre-booked early morning telephone consultations (starting at 6:50am) followed by pre-booked face to face consultations with a GP or Nurse between 7:00am and 8:00am. Appointments could be booked over the telephone or in person at the surgery. However we found the practice did not promote the use of these extended hours appointments so they were not used effectively. For example, we looked at a sample of clinic bookings from February 2016 and found that none of the nurse phone appointments, 50% of the nurse face to face appointments and 10% of the GP face to face appointments had been used. We spoke to three patients during the inspection who said they were in full time employment and found it difficult to get an appointment. When asked, they said they did not know about the extended hour's appointments and had never been offered one.

From 1st April 2017 the out of hours services were provided by Great Western Hospitals and could be accessed by calling NHS 111.

There was a local children and young people's clinic that was able to see patients without appointment for minor illness such as coughs and colds. The practice was also able to make a limited number of appointments for patients who needed an urgent on the day appointment at either of two local urgent care centres. The decision as to whether it would be appropriate to offer a patient an appointment at one of these centres was usually taken by the reception staff based on the patient's response to some simple questions. However, we saw no evidence that reception staff had been trained for this triage process or given any appropriate guidance regarding this.

Patients were able to request a telephone consultation with a GP. We saw evidence that showed reception staff

Are services responsive to people's needs?

(for example, to feedback?)

were instructed not to give patients a specific time that the GP would call. They were also instructed to tell patients that the GP would not call more than once if the patient did not answer.

When we inspected the practice in January 2016 we said they must, "continue to review the appointments booking system and the time it took to get through to the practice by telephone". On this inspection we found that the practice had made no significant progress in this. The practice told us the two key element of their plan to improve this were the recruitment of more reception staff, which they had achieved and the purchase of a new telephone system. The practice had participated in two local projects to purchase a phone system for a number of practices in the area, including a project led by the local clinical commissioning group (CCG), but both projects had been withdrawn. We saw evidence the practice was currently looking at other options.

On the day of our inspection we saw there were eight patients waiting outside for the practice to open at 8.30am. We spoke to three of these patients who told us they were queuing because it was the only way they could be confident of getting at appointment. During the inspection we asked when the next bookable routine GP appointment was and were told there were no appointment available until the next set of appointments were made available the next day.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were significantly below the local and national averages.

- 50% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%. This was a 1% increase in patient satisfaction compared to what we found when we inspected the practice in January 2016.
- 37% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and the national average of 73%. This was a 4% increase in patient satisfaction compared to what we found when we inspected the practice in January 2016.
- 53% 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 72% and the national average of 76%.

- 88% of patients said their last appointment was convenient compared with the CCG average of 90% and the national average of 92%.
- 49% of patients described their experience of making an appointment as good compared with the CCG average of 69% and the national average of 73%.
- 47% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 52% and the national average of 58%.

Patients we spoke to during our inspection told us that if they needed an urgent appointment with a GP this was usually available.

Staff told us that in cases where a home visit was clinically necessary or 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.

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.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled, in a timely way, with openness and transparency. Lessons were identified from individual concerns and complaints and also from analysis of trends, and action was taken as a result to improve the quality of care. Complaints considered serious were treated as a significant event which included a process to ensure all staff were aware of the lessons learnt. However, for other complaints there was no evidence that the learning points had been shared with all staff.

For example, when a patient complained some items had been deleted from their repeat medicine list the practice recognised the reasons for their removal from the list had not been communicated to the patients and gave the patient an appropriate apology. The practice identified the importance of communicating such changes to patients as

Are services responsive to people's needs? (for example, to feedback?)

a learning point, but there was no evidence it had been shared with staff. We were told it had been discussed at a practice meeting but the minutes did not provide enough detail to confirm this.

Are services well-led?

Inadequate 

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

Our findings

We found the delivery of high-quality care was not assured by the leadership or governance arrangements in place.

Vision and strategy

The practice told us they had a clear vision to deliver high quality care and promote good outcomes for patients but there was inadequate evidence to support this. For example

- There were no detailed or realistic plans to achieve the vision values and strategy. The practice did not have a business plan or similar document that detailed how the practice planned to develop and improve its services.
- On our last inspection in January 2016 we told the practice they should, “develop and implement a clear action plan to improve the outcomes for patients experiencing poor mental health”. On this inspection the practice was unable to provide any evidence of an action plan.
- We were told that most business decisions were made informally between the lead GP who owned the practice and the practice manager.

The practice told us they had faced difficulties in recruiting GPs which was a common problem in Swindon area. However a new GP was due to start in May 2017. The practice told us they were dealing with this by employing a nurse practitioner. We noted they had recruited a nurse practitioner and a health care assistant in the last four months.

Governance arrangements

When we inspected the practice in January 2016 we found they were in breach of the regulations for good governance and told the practice they must ensure that there were formal governance arrangements in place and that staff were aware how these operated to ensure the delivery of safe and effective services.

On this inspection we found no clear evidence the practice had taken any action to address this. Specifically, we asked if there was any evidence in the form of minutes of meetings where the governance arrangements had been discussed or whether any changes had been made to the

practice governance arrangements as a result of our previous findings. We were told that these issues had been discussed, but usually informally between the lead GP who owned the practice and the practice manager.

We found the practice governance framework to support the delivery of good quality care was unclear and there was inadequate documentation relating to the planning and monitoring of services or the identifying, capturing and managing of issues. For example,

- We saw no evidence of a clear structure for day to day accountability between the lead GP who owned the practice and other staff, such as the practice manager.
- On our last inspection in January 2016 we found breaches in the regulations relating to clinical audits and we told the practice they must, “implement and improve a system of clinical audit cycles to ensure effective monitoring and assessment of the quality of the service”. On this inspection the practice was unable to evidence any clinical audit plan or system to ensure appropriate audits were conducted. There was no planned programme of future audits.
- On our last inspection in January 2016 we found breaches in the regulations relating to good governance and we told the practice they must, “continue to review the appointments booking system and the waiting time it takes to get through to the practice by telephone”. On this inspection we found that the practice had made no significant progress in this.
- There was no regular pattern of meetings. We were told the practice held a number of meetings such as practice meetings and team meetings when they were required and depending on the availability of team members.
- On our last inspection in January 2016 we told the practice they must improve the recording of discussions and actions agreed during practice meetings. When we inspected the practice in April 2017 we found that the minutes of meeting were written as bullet lists and lacked enough detail to enable staff unable to attend meetings to understand the decisions made and their context. It meant that unless learning points came from an issue classified as a significant event, the practice could not be sure that lessons learnt from complaints and other issues were shared with all staff unable to attend meetings.
- On the day of our inspection there were errors on the practice website. For example, it incorrectly described two GPs as partners whereas they were the GP who

Are services well-led?

Inadequate 

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

owned the business and a salaried GP. It advised patients to phone NHS 111 when they were closed which included Wednesday afternoons. It did not give clear guidance that when they were closed during the core hours of 8am to 6.30 pm Monday to Friday (such as Wednesday afternoons) the practice was responsible for providing emergency care that could be accessed via a separate phone number.

- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.

Leadership and culture

Staff told us the lead GP was approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The lead GP encouraged a culture of openness and honesty. From the sample of three documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- The practice held a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns. However, the minutes of these meetings did not always provide adequate detail in order to inform those unable to attend the meetings.

- Staff told us the practice held team meetings when they were required, usually every four to six weeks.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the lead GP.

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

There was a limited approach to obtaining and acting on the views of patients, the public and staff.

- The practice told us they proactively sought feedback from the NHS Friends and Family test, and looked at complaints and compliments received. However, there was minimal evidence that the practice responded to what people who use services say. For example, there was no evidence the practice had taken any effective action to address patient feedback in relation to appointments and telephone access.
- The practice had been working to develop a new patient participation group (PPG). We saw minutes of three meetings, starting with an inaugural meeting in April 2016. We spoke with two members of the PPG who told us they were making good progress in establishing group and they were currently looking at their terms of reference. Following their suggestion the practice had put up a PPG notice board in the waiting area giving information about the patients participation group and how to get involved.

The views of staff were sought through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was little evidence of innovation or planning for service developments. There was minimal evidence of reflective practice. The practice supported individual staff members to attend development training.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 18 HSCA (RA) Regulations 2014 Staffing
Family planning services	How the regulation was not being met:
Maternity and midwifery services	References had not been obtained for all staff employed.
Surgical procedures	
Treatment of disease, disorder or injury	

Enforcement actions

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The registered person did not have a clear governance framework to support the delivery of good quality care and there was inadequate documentation relating to the planning and monitoring of services or the identifying, capturing and managing of issues. For example: 1. The practice did not have a business plan or similar document that detailed how the practice planned to develop and improve its services. 2. There was no system or plan for assessing, monitoring and improving outcomes for patients. For example there was no planned programme of future audits. 3. Minutes of meetings did not record enough detail of discussions or actions agreed for staff that may not have been able to attend the meetings. The registered person did not operate an effective appointment booking system to ensure patients' needs were met and reflected their preferences. The registered person did not operate an effective telephone system.

This section is primarily information for the provider

Enforcement actions

Inaccurate information was provided on the practice website.

The registered person did not operate an effective system for monitoring blank prescription forms that was in line with current guidance.

There was no induction pack for locums.

The registered person did not ensure staff who triaged patient's phone calls had received training or clear guidance.