Reepham & Aylsham Medical Practice

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Reepham and Aylsham Medical Practice on 19 September 2016. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, reviews and investigations were not always thorough enough to ensure that identified learning led to improvement.
- Patients were at risk of harm because systems and processes had not been properly implemented in a way to keep them safe. For example the management of patient safety alerts, health and safety risks, recruitment procedures and disclosure and barring service checks (DBS), chaperone and safeguarding procedures, medicines management and medical emergencies.
- The practice was visibly clean and tidy and infection control procedures had been recently reviewed. However systems for monitoring infection control practice were not well embedded.
- Data showed that patient outcomes were similar to or higher than the national average.
- Although several audits had been carried out, few second cycle audits had been completed to demonstrate improvement to patient outcomes.
- The majority of patients said they were treated with compassion, dignity and respect.
- Practice staff reviewed the needs of its local population and worked hard to engage with local NHS teams, commissioners and other health and care professionals to meet the needs of their patients.
- Patients said they were always able to get an urgent appointment although it was not easy to make an appointment with their preferred GP.

Summary of findings

- Information about how to complain was available and easy to understand and evidence showed the practice mostly responded to issues in a timely manner although one complaint had not been addressed for three months. The learning from complaints was not always shared with staff and other stakeholders to support improvements.
- The practice had a number of policies and procedures to govern activity, but some of these required a review.

The areas where the provider must make improvements are:

- Identify and investigate safety incidents and complaints thoroughly so that the learning is actioned, shared with staff and reviewed. Review the staff's knowledge and understanding of the duty of candour and their responsibilities to patients.
- Implement an effective system for dealing with patient safety alerts, including MHRA alerts and updates.
- Ensure that the systems in place are effective in safeguarding vulnerable adults and children.
- Ensure there is adequate leadership and staffing in the dispensary. Systems and processes in the dispensary must be reviewed to ensure that staff manage medicines in a safe way.
- Ensure recruitment arrangements are clear and that disclosure and barring service checks for staff are completed appropriately before staff commence employment.
- Ensure that staff who act as chaperones are adequately trained for the role and patients are made aware of their right to request this support.
- Ensure that health and safety risk assessments and audits are established and any associated actions are completed so that adequate control measures are implemented in a timely way.
- Ensure that procedures for managing medical emergencies are in place, shared with staff and that equipment is accessible and ready for use.
- Ensure that health and safety audits are established and actioned in a timely manner.

In addition the provider should:

- Embed a system for monitoring infection control procedures on a regular basis, including evidence that appropriate cleaning has taken place.
- Review and update the business continuity plan.
- Review the complaints process so that any learning outcomes are put into action and shared appropriately.
- Carry out two cycle audits to improve patient outcomes including improvement already identified in recording patient consent.

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

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Inadequate

The practice is rated as inadequate for providing safe services and improvements must be made.

- There was a system in place for staff to report incidents, near misses and concerns although we found evidence that one issue had not been reported. There was no evidence that the practice carried out a thorough analysis of the significant events to ensure that learning took place and safety was improved.
- When things had gone wrong, the practice could demonstrate that patients often received reasonable support or a verbal and written apology. However, this was not always consistent.
- Patients were at risk of harm because systems and processes had not been properly implemented in a way to keep them safe. For example the management of patient safety alerts, health and safety risks, disclosure and barring service checks (DBS), chaperone procedures, medicines management and medical emergencies.
- The practice was visibly clean and tidy and infection control procedures had been recently reviewed. However systems for monitoring infection control practice were not well embedded.
- The practice had some processes and practices in place to keep patients safe and safeguarded from abuse but they were not clearly defined or embedded.
- There were not enough staff to keep patients safe in the dispensary service and non-clinical staff rotas were not being monitored to ensure that appropriate cover was available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. We noted that it detailed the incorrect location for the storage of the defibrillator.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.

Summary of findings

- Clinical audits demonstrated some quality outcomes to drive improvement although most second cycle audits had yet to be completed. Further action was required to improve the way staff record patient consent.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- 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.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified patients with caring responsibilities to ensure they received adequate support.

Are services responsive to people's needs?

Requires improvement

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

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. They worked with the integrated care team to ensure that the needs of their older population were being met effectively. They also sent letters to patients who had used the local accident and emergency department offering advice and information about the correct use of local services.
- Patients said they were always able to get an urgent appointment although it was not easy to make an appointment with their preferred GP.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice mostly

Summary of findings

responded to issues in a timely manner. However, the approach to the management of complaints was inconsistent and investigations were not always thorough enough to maximise learning. The learning from complaints was not always shared with staff and other stakeholders to support sustained improvements.

Are services well-led?

Requires improvement

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

- The practice had a vision and a strategy but not all staff were aware of this and their responsibilities in relation to it. There was a documented leadership structure and most staff felt supported by the management team although some felt they were not approachable due to pressure of work.
- Although staff had designated lead roles, for example safeguarding, not all members of staff were aware of these roles. We found there was no clear leadership within the dispensary to ensure that systems and processes were being followed.
- The practice had a number of policies and procedures to govern activity, but some of these required a review because systems and processes were not effective. For example systems for reporting and managing incidents and significant events, managing risks in relation to safeguarding patients and the management of medical emergencies.
- The practice sought feedback from staff during performance reviews and meetings. An annual patient survey was conducted and they were able to demonstrate they had responded to feedback. A virtual patient participation group was in place although there was limited engagement with this group.
- Opportunities to improve the quality of the service were not maximised. Action plans following audits and surveys were not always followed through in a timely way. Learning from significant events, incidents, near misses and complaints was not always completed to help drive improvement.
- An induction programme was in place and staff had received regular performance reviews and attended staff meetings and events.

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

Requires improvement

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Clinical staff held regular meetings with community staff including the integrated care team, community matron and palliative care specialists to review vulnerable patients and ensure their needs were being met.
- The practice supported a number of local care homes and had introduced regular visits to assess on-going health needs.
- Appointment reminder phone calls were offered for patients who needed it. Patients who did not attend for their appointments were all followed up by phone to check why they had missed the appointment to ensure they were supported.

People with long term conditions

Requires improvement

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice performed well in the quality outcomes framework (QOF). For example performance for diabetes related indicators was better than the national average. The practice scored 98 points (100%) which was eleven points higher than the CCG average and seven points higher than the national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

- Patients could access the diabetic specialist nurse, wellbeing service and physiotherapy who offered appointments at the practice on a regular basis.

Families, children and young people

Requires improvement

The practice is rated as inadequate for safe and requires improvement for responsive and well-led services. The concerns which led to these ratings apply to everyone using the practice including this group.

- The systems in place to identify and follow up children living in disadvantaged circumstances, who may be at risk, were not effective.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 78% which was similar to the national and CCG average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as inadequate for safe and requires improvement for responsive and well-led services. The concerns which led to these ratings apply to everyone using the practice including this group.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example extended hours appointments were available with a GP or nurse and an evening clinic was available for those requiring the flu vaccination.
- 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.
- Services available at the practice included physiotherapy, sexual health advice and a wellbeing service.

Summary of findings

People whose circumstances may make them vulnerable

Requires improvement

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- There were 78 patients with a learning disability and 76 of these had attended the practice for an annual health check.
- 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.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities but were not clear who led on safeguarding concerns within the practice team.
- The practice had identified that 1.4% of their registered patients had caring responsibilities to ensure they received adequate support.

People experiencing poor mental health (including people with dementia)

Requires improvement

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

- Annual health checks for patients with dementia and mental health conditions had been completed for approximately 75% of patients registered with these conditions.
- 83% of patients diagnosed with dementia that had their care reviewed in a face to face meeting in the last 12 months, which is lower than the CCG average of 91% and the national average of 94%.
- Performance for mental health related indicators was better than the national average. The practice scored 26 points (100%) which was higher than the CCG and the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Summary of findings

- The practice carried out dementia screening and recognised patients who may be at risk. Staff were dementia champions and were involved in the provision of a social support group.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 219 survey forms were distributed and 126 were returned. This represented a 57% response rate.

- 75% of patients said they could get through easily to the practice by phone compared to the CCG average of 78% a national average of 73%.
- 86% of patients said they were able to get an appointment the last time they tried. This compared with a CCG average of 90% and a national average of 85%.
- 78% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 73% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received seven comment cards which were all positive about the standard of care received. Patients said that staff were kind, helpful, caring and treated them with dignity and respect.

We spoke with four patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, kind and caring. To date 93% of patients who had completed an NHS Friends and Family test during 2016 said they were either extremely likely or likely to recommend the service to others.

Areas for improvement

Action the service MUST take to improve

- Identify and investigate safety incidents and complaints thoroughly so that the learning is actioned, shared with staff and reviewed. Review the staff's knowledge and understanding of the duty of candour and their responsibilities to patients.
- Implement an effective system for dealing with patient safety alerts, including MHRA alerts and updates.
- Ensure that the systems in place are effective in safeguarding vulnerable adults and children.
- Ensure there is adequate leadership and staffing in the dispensary. Systems and processes in the dispensary must be reviewed to ensure that staff manage medicines in a safe way.
- Ensure recruitment arrangements are clear and that disclosure and barring service checks for staff are completed appropriately before staff commence employment.
- Ensure that staff who act as chaperones are adequately trained for the role and patients are made aware of their right to request this support.
- Ensure that health and safety risk assessments and audits are established and any associated actions are completed so that adequate control measures are implemented in a timely way.
- Ensure that procedures for managing medical emergencies are in place, shared with staff and that equipment is accessible and ready for use.
- Ensure that health and safety audits are established and actioned in a timely manner.
- Ensure the uptake of the annual health check for patients with a learning disability is improved upon.
- Ensure that systems used to identify patients with caring responsibilities are improved so that appropriate levels of support may be offered to them.

Action the service SHOULD take to improve

- Embed a system for monitoring infection control procedures on a regular basis, including evidence that appropriate cleaning has taken place.

Summary of findings

- Review and update the business continuity plan.
- Review the complaints process so that any learning outcomes are put into action and shared appropriately.
- Carry out two cycle audits to improve patient outcomes including improvement already identified in recording patient consent.

Reepham & Aylsham Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and an additional practice manager advisor with specific knowledge of dispensing practice.

Background to Reepham & Aylsham Medical Practice

Reepham and Aylsham Medical Practice is a well-established GP practice that has operated in the area for many years. It serves approximately 9,120 registered patients and has a general medical services contract with NHS North Norfolk CCG. The service is located at two sites in villages North West of Norwich, one in Smugglers Lane, Reepham and the other at 60 Hungate Street Aylsham NR11 6AA. The two practices are approximately seven miles apart and offer very similar services including a dispensing service. We also visited the Aylsham Surgery as part of this inspection visit.

According to information taken from Public Health England, the patient population for this service has a higher than average number of patients aged over 55 years, a lower than average number of patients aged 20-44 years, and less than 4 years compared to the practice average across England.

The practice team consisted of four GPs, two nurse practitioners a minor injuries nurse, three practice nurses, two healthcare assistants and two phlebotomists. A team of 20 dispensing, reception and administrative staff support them along with a practice manager and assistant practice manager. It is a training practice involved with the training of GPs and recently gained approval for offering student nurse placements.

The opening times for the main surgery are Monday to Fridays from 8.30 am to 6pm. Extended hours appointments are available from 7am to 8am and 6.30-7.30pm on Mondays. An out of hour's service is provided locally through the NHS 111 service.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 September 2016.

During our visit we:

Detailed findings

- Spoke with a range of staff including GPs, managers, nurses, reception and dispensary staff. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Gathered the views of staff who worked at nursing/care homes supported by the practice.

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

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

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

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

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

Inadequate

Are services safe?

Our findings

Safe track record and learning

Systems to report, record and act on significant events were not effective.

Staff were expected to report incidents and significant events to the practice manager and there was a recording form available on the practice's computer system. We saw that these were recorded on a spreadsheet by the practice manager. However, we found one incident that had not been recorded on the spreadsheet. As a result, a timely review had not been undertaken and identified learning has not been actioned and shared. The incidents/ significant events that occurred in the dispensary were recorded separately. However when we reviewed these, we found that although some actions were recorded it was not clear that the issues were always discussed at team meetings or that procedures were updated to reflect any learning or improvement. We looked at how the other incidents were shared and discussed with staff. There was very limited evidence that this took place on a regular basis. When incidents had been an agenda item on staff training days, there was no evidence that a full review had been completed to identify any themes or trends for further action. There was no evidence that the practice carried out a thorough analysis of the significant events.

There was no reference to the duty of candour in practice policies and when we asked a key member of staff to explain the principles they were not able to do so. (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). The practice manager told us that a patient would be informed by phone if an incident or significant event had a direct impact for them and this would include an explanation and apology. However there was no evidence to show this happened.

Patient safety alerts were received by the practice manager and assistant practice manager who forwarded them to relevant clinical staff or staff in the dispensary. Within recent weeks, the alerts were being printed off and filed for reference. However there was no system in place to ensure actions were being completed in response to the alerts and therefore the system was not effective.

Similarly, any alerts received from the Medicines and Healthcare Products Regulatory Agency were forwarded to the dispensary team by the practice manager. (This is a government agency which approves and licenses medicines, allowing them to be prescribed in the UK. The principal aim of the agency is to safeguard the public's health.) We found the alerts once actioned by a member of the dispensary team, were destroyed. This meant there was no process in place to ensure that action had been taken or to ensure that patients were being reviewed.

The practice did not use the National Reporting and Learning System. This is a database set up across the NHS to report serious patient safety incidents, help understand why things happen, share learning and take action to prevent future harm to patients.

Overview of safety systems and processes

Systems and processes used by the practice were not embedded and required a review.

Arrangements to safeguard children and vulnerable adults from abuse were not fully effective. The safeguarding lead at the practice attended local meetings when possible and provided appropriate safeguarding reports for other agencies where necessary. They were unable to demonstrate that the child protection register was up to date. Staff were not all aware who had overall responsibility for safeguarding concerns at the practice so that issues could be reported in a timely way. Policies were accessible to staff although the vulnerable adult policy was out of date and did not include contact details of the local safeguarding team. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level three.

A notice in the waiting room at the Reepham practice advised patients that chaperones were available if required. There was no visible notice at the Aylsham practice or in the four consultation rooms we checked. Some staff who acted as chaperones on an occasional basis had not received training for the role. We fed this back to the practice who were unaware of this and told us it was their policy to ensure that all staff had 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. We asked them to review chaperoning arrangements as soon as possible.

We observed the premises to be clean and tidy. The senior practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. An external advisor had completed an infection control audit in March 2016. This resulted in a score of 73% identifying a number of key areas that required attention and an action plan had been devised to address the issues. The record showed many issues had been addressed although the action plan had not been reviewed for several months to monitor further progress and record when issues had been completed. Internal infection control audits had not been established although audits of sharps procedures and waste management had been done in response to the March audit. There was an infection control protocol in place and staff had received up to date training. The practice employed a cleaner although there were no cleaning schedule records maintained. Nurses told us they cleaned their clinical rooms and clinical equipment but there were no records to support this.

The arrangements for managing medicines, including emergency medicines and vaccines required some improvement to ensure patient safety. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. We found that a random sample of prescription records for patients taking high risk medicines showed appropriate monitoring had taken place before repeat prescriptions were issued.

The practice carried out regular medicines audits, with the support of the local medicines management team to ensure prescribing was in line with best practice guidelines for safe prescribing.

For example an audit reviewed patients who had been prescribed an epipen for managing anaphylactic reactions. Recommendations were made and a follow up is planned for next year. Blank prescription forms and stationery was securely stored and there were systems in place to monitor their use.

There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and told us they had opportunities for continuing learning and development identified through an annual appraisal. The dispensaries at both practice locations were locked securely when the dispensary was closed. There was no process in place for stocking and supplying medicines in GP visit bags which were kept by the GPs.

Medicines incidents or 'near misses' were recorded but opportunities to learn from them or take action to improve the quality of the dispensing process were being missed. For example on two occasions controlled drugs had not been entered into the controlled drugs register and on two occasions it was noted that unrequested medicines had been found in the patients prescriptions awaiting collection. Records indicated this was down to human error but there was no other documented action taken or identified learning.

Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). Not all dispensary staff had signed to say they had read and understood the procedures. Any medicines awaiting collection by the patient were kept for different periods at each practice (either three or six months). If uncollected staff recorded this on the patient's record but no further follow up was completed with the patient. During the inspection we observed a member of the dispensary team provide advice to a patient without checking their health records. This was outside of their competence as they did not know the patient's medical history. We shared this with the practice at the time of the inspection and they agreed to follow this up.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs. However at one practice, we saw the keys to the controlled drug cabinet were not being stored securely at all times.

We reviewed four personnel files and found most recruitment checks had been undertaken prior to employment such as proof of identification, references, qualifications and registration with the appropriate professional body. However we identified that staff (including clinical staff) commenced employment before going through the appropriate checks with the Disclosure and Barring Service and worked alone without supervision.

Inadequate

Are services safe?

These are checks to 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. Two staff did not have a record of their DBS held on file. When we asked to see the recruitment policy staff were not able to identify which policy was used.

Monitoring risks to patients

Procedures for monitoring and managing risks to patient and staff safety needed to be strengthened. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had completed a fire risk assessment in 2013. We noted an action was recommended in relation to the oil tank and although staff told us this had been considered, there was no record to support their decision making and action in order to secure safety. The fire alarm and other fire equipment was regularly maintained and staff had taken part in a fire drill in June 2016. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Legionella water tests were completed on an annual basis. A legionella risk assessment was completed at both locations in June 2013 and was due to be reviewed in 2015. Since the inspection, the practice has taken steps to address this. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). There was also a file of COSHH data sheets for cleaning products available but no risk assessments to identify and manage any risks associated with their use. We noted there was a system in place for practice staff to report health and safety issues such as estates and equipment repairs required. This had been in place several months and 50 issues had been recorded, actioned and reviewed where necessary. The practice had considered ways to assess health and safety in the premises and this included external advice and the use of a health and safety database. However, there was limited evidence to demonstrate that the identified actions had been completed.

A staff rota system was in place and on the day of the inspection we found that staff worked flexibly to cover the telephones at short notice. When the dispensary manager left several months ago, the role had not been replaced and staff told us that at times, they could not complete tasks such as stock checks due to low staffing numbers. The practice had reviewed nursing cover and identified that an additional practice nurse was needed. Recruitment was due to start in the following weeks.

Arrangements to deal with emergencies and major incidents

The practice did not have adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency at either practice.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had medical emergency protocols in place which were sent to us following the inspection.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. We also found that an equipment inventory attached to the emergency trolley, referred to an equipment storage system that did not reflect the one in use. This meant that staff may not easily find items they require in an emergency situation. Although staff reported the emergency equipment was checked daily and we saw that it had been completed on the day of the inspection, there was no permanent log to ensure continuous records were maintained. A first aid kit and accident book were available at reception and staff were familiar with this location.
- Emergency medicines were easily accessible to staff who all knew of their location. The medicines we checked were in date although the emergency trolley and medicines stored with it were not secure. Some emergency medicines such as naloxone, GTN spray and salbutamol could be accessed from the dispensary if required although this meant it was less accessible when needed. There was no risk assessment in place to support the decision not to stock these medicines.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. However we noted that it detailed the incorrect location for the storage of the

defibrillator. This concerned us because there had been a previous incident where a member of staff had not been able to locate equipment required in an emergency situation.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice discussed the guidelines and reviewed practice at clinical meetings. Some audits had been undertaken although the practice needed to complete the full audit cycle programme.

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 100% of the total number of points available. The practice also had lower than average rates for exception reporting scoring almost 2% lower than the CCG average scores and similarly to national average at 7.6%. 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 2014/2015 showed:

- Performance for diabetes related indicators was better than the national average. The practice scored 100% which was higher than the CCG and national average.
- Performance for mental health related indicators was better than the national average. The practice scored 100% which was higher than the CCG average and the national average.

The practice had identified its patients with the highest level of need who were most likely to require urgent medical assistance or have an unplanned hospital admission. Personalised action plans were in place for these patients to improve the quality and co-ordination of their care. Emergency hospital admission rates for the practice were benchmarked against other local practices. Data showed this service had one of the lowest within the Clinical commissioning Group (CCG).

There was some evidence of quality improvement including clinical audit.

- There had been 14 clinical audits completed since 2015 most of which were single cycle and one full cycle audit. Some examples included patients who had been prescribed the medicine citalopram, patients who were prescribed epipens and recording informed consent on patient records. Learning and improvements had been identified although re-audits, to ensure that the improvements made were implemented and monitored, were planned and yet to be completed.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included evidence of safer prescribing for patients who were identified as taking two particular medicines that used in combination could put patients at risk.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Induction records were signed off at either three or six months according to the needs of the role.
- The practice used a system for appraising staff and identifying their learning needs. Most staff had received an annual appraisal and staff received quarterly review meetings. Each role description included the expected competencies. Review meetings focused on performance, training targets and objectives.
- The practice could demonstrate how they ensured role-specific training for relevant staff. For example, a health care assistant had been trained and assessed as

being competent to perform ear irrigation. A practice nurse had completed a nurse prescribing course. Most clinical staff had received updates in management of asthma and chronic obstructive pulmonary disease.

- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. A training database was being developed. We reviewed this and found that most staff had completed the e-learning training required by the practice although the training records were not yet fully up to date. In-house training programmes were also used for team based training afternoons every four to six months. This included health and safety, infection control and basic life support training.
- We found that chaperone training was not provided to relevant practice staff.
- The practice employed apprentices and this had resulted in four staff members being employed on a permanent basis. Two staff members had completed their dispensary qualifications and one was enrolled on further management 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 nurse practitioner dealt with incoming medical letters to ensure that any urgent action was taken and the relevant GP was informed. The practice team had made use of the gold standards frame

framework for end of life care and reviewed these patients together at a meeting on a weekly basis so that any calls to request support and advice could be managed effectively. Patients who had been discharged from hospital received a contact call from the practice to ensure that their needs were being met.

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, when they were referred, or after they were discharged from hospital. 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. This included professionals such as the community matron, palliative care team and social services representatives.

We spoke with staff at three care homes whose patients were supported by the practice. They told us that communication with the practice met patients' needs and they were always able to access a GP urgently when they needed advice or a home visit.

Consent to care and treatment

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. However, the practice had reviewed consent in patient records through an audit in June and September 2016. This showed that further improvement in recording patient consent was still required.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition, requiring advice on their diet, smoking and alcohol cessation were signposted to the relevant local service.
- A physiotherapist, the wellbeing service and a midwife was available once a week at each practices location. A diabetic nurse, community matron, health visitor and the integrated care team regularly attended the practice to liaise with staff and provide advice on patient care and treatment.

The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG average of 77% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were also systems in

Good

Are services effective?

(for example, treatment is effective)

place 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 encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 80% of their patients who had been invited for breast cancer screening had attended within six months compared to 78% within the CCG and a 73% national average. 67% of patients who had been invited for bowel cancer screening had responded in six months. This compared with a CCG average of 65% and a national average of 58%.

Childhood immunisation rates for the vaccinations given were mostly comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 63% to 100%. Immunisation rates for Meningitis C scored a lower than average rate at 63% compared to CCG average of 70% and a national average of 74%. The immunisation rates given to five year olds ranged from 71% to 100%.

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. We found that 59 of 96 patients with a learning disability had received an annual health check during the previous year. The practice have subsequently reviewed all of these records and corrected coding errors. This showed that 76 of 78 patients with a learning disability had received an annual health check at the time of the inspection. Annual health checks for patients with dementia and mental health conditions had been completed for approximately 75% of patients registered with these conditions.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We received seven Care Quality Commission comment cards from patients who told us they were happy with the service they received and staff were kind, helpful, caring and treated them with dignity and respect.

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

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 81% of patients said they found the receptionists at the practice helpful compared to the CCG average of 91% 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.

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 in line with local and national averages. For example:

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 82%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care. This included access to a translation service for patients who did not have English as a first language. Some information leaflets, including the practice leaflet, 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. These were aimed at patients with different needs and included support groups for patients with Alzheimer's disease, substance misuse issues, those who required support from an advocate and local carer's support services

Good

Are services caring?

The practice used a system on the electronic records to note when a patient was also a carer. The practice identified 129 patients who were carers. This equated to 1.4% of their patient population which was similar to other practices They told us that carers were offered a health check and were signposted to relevant support groups that were available to them.

Staff told us that if families had suffered bereavement, an appropriate member of the team contacted them. 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.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. One of the partners was also a member of the CCG and this enabled the practice to be more informed about local service improvements.

- The practice offered extended hours appointments on Mondays alternating between each practice from 7am to 8 am and from 6.30pm to 7.30pm. This was aimed at working age patients and students and included appointments with GPs, a nurse practitioner or practice nurse.
- There were longer appointments available for patients who required this for example for patients with a learning disability or with complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. This included home visits from the nurse practitioner or practice nurse for health reviews and flu vaccinations. There was a close working relationship with the integrated care team to help ensure that appropriate community based services were meeting patient's needs.
- The practice telephoned all patients who missed their booked appointments at the practice. This was completed to check whether the patient had a problem that prevented their attendance. Any patients who continually missed their appointments were referred to their GP so their needs could be reviewed on an individual basis. This had resulted in a significant reduction in missed appointments.
- Staff made telephone calls to remind some patients about their appointments if they needed this.
- All patients who attended the accident and emergency department or who had an unplanned admission to hospital were reviewed at the weekly partners meeting. All patients were contacted following discharge to ensure that their needs were being met. The practice also sent letters to patients who had used the local accident and emergency department offering advice and information about the correct use of local services.
- The practice operated a triage system which meant that same day appointments were available for children and those patients with medical problems that required same day consultation with a GP, nurse practitioner or practice nurse.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were facilities for the disabled, a hearing loop and translation service available.
- The Wellbeing Service and Norfolk Recovery Service were based at each practice at least once each week. They offered advice to patients registered with this service as well as other patients from local practices.
- The practice were dementia care champions and were part of a local service using technology to screen patients. They were also trying to establish a locally based support group for patients with dementia and their carers.

Access to the service

Patients could telephone the practice between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to midday with the exception of Mondays when a limited number of appointments were available from 7am. Afternoon appointments were available from 3pm to 5pm every day with the exception of Monday when appointments were available until 7.30pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them through a triage system provided by the GPs. Online booking and cancellations service could also be accessed by patients who registered for this service.

Results from the national GP patient survey published in July 2016 showed that patient's satisfaction with how they could access care and treatment was comparable to or below local and national averages.

- 69% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 78%.
- 75% of patients said they could get through easily to the practice by phone compared to the CCG average of 78% and a national average of 73%.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

- 86% of patients said they were able to get an appointment the last time they tried. This compared with a CCG average of 90% and a national average of 85%.
- 45% of patients get to see or speak to their preferred GP. This compared to a CCG average of 58% and a national average of 59%.

When we discussed access with the practice we found that this had been affected by a period of instability when four GP partners had retired and the recruitment of new GPs had been difficult to achieve. They told us the partners reviewed the availability of appointments at their weekly meetings.

The practice had a system in place to assess the urgency of each patients need through a telephone triage system whereby a GP called the patient back within an hour to discuss their needs and advise on the most appropriate steps. This could include an appointment that day with a member of the clinical team, a home visit or a non-urgent appointment. Any unused appointments were opened up to patients once triage had been completed. Telephone appointments were available with each GP and were also offered to patients when a face to face appointment was not available.

People told us on the day of the inspection that they were able to get urgent appointments when they needed them although it was more difficult to book an appointment with their preferred GP.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns and there was a designated responsible person to manage the process. The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. Information was available in the practice leaflet to help patients understand the complaints system and how to seek further advice if they were not satisfied with the outcome. Staff dealt with verbal complaints at the time if it were possible to do so. These were not recorded to enable the practice to identify any trends.

The practice had received 15 complaints from patients in the last 12 months. We discussed three complaints that had been upheld following an investigation, with the practice manager. We found that these patients had received a clear apology when things had gone wrong and the response had been given in a timely and open manner. There was also a process to feedback the outcome of complaints at a relevant meeting. However, further evidence showed there was an inconsistent approach in responding to and learning from complaints. The investigations were not always thorough enough to maximise opportunities for learning and improvement and some patients had not received a clear apology.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for their patients. The values and aims of the service had been considered although communicating this with the staff team could be further strengthened.

The practice had considered the impact of new local housing planned over the next few years and planned to expand the services they were able to offer patients by extending their buildings to create additional consultation rooms and improve the dispensary in one location. They also planned to improve the range of other clinical staff so that practice based services could be offered at a local level more frequently. For example physiotherapy and the wellbeing service.

Governance arrangements

Although there had been significant changes to the practice management team in recent years, the current team had not yet established an effective governance framework to support the delivery of the strategy and good quality care.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. However we found that staffing rotas were not always monitored to ensure that there was adequate staffing in the dispensary and reception.
- A range of policies and procedures had been implemented and were accessible to staff. However, some policies were either not in place or were not bespoke to the needs of the practice and therefore had not been embedded. For example recruitment and the management of patient safety alerts.
- A comprehensive understanding of the performance of the practice was maintained in relation to the quality outcomes framework (QOF).
- The practice was unable to demonstrate that a strong learning culture was in place. This was because the systems and processes to manage significant events, incidents, near misses and complaints were not always followed so that full investigations were completed to enable learning and improvement.
- A programme of clinical audit was in place to help drive quality improvements. Most second cycle audits had not yet been completed to help demonstrate that quality improvement had been made. Other audits in relation to infection control and health and safety had not been established on a regular bass and did not have completed action plans that were regularly monitored.
- The arrangements for identifying, recording and managing environmental risks required improvement. We found that staff identified and reported estates issues that required repair and these were actioned in a timely manner. However, there was limited evidence that health and safety risk assessments had been actioned and the legionella risk assessment was overdue a review. Although there was manufacturer's data sheets in place for the control of substances hazardous to health (COSHH), each product held had not been risk assessed to ensure that staff managed the risks associated with them. Cleaning schedules were not recorded for monitoring purposes.

Leadership and culture

The practice told us they prioritised high quality and compassionate care in response to the needs of their patients. They also told us they valued their staff team and had invested in external support to assist with human resources management. This had resulted in strengthening the annual appraisal programme, a review of the staff handbook and systems for monitoring staff training.

There had been several changes within the GP partnership in the last two years and as a result the leadership structure had changed and was now becoming more established. Although staff had designated lead roles, for example safeguarding, infection control and health and safety, not all members of staff were aware of these roles. We found there was no clear leadership within the dispensary to ensure that systems and processes were being followed. Staff told us they had regular team meetings for reception, dispensary and nursing staff teams. However, due to pressure of work, these were not always completed. We noted team training afternoons were held every four to six months.

Are services well-led?

Requires improvement

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

Staff told us they worked within an open culture and valued support from their colleagues, some staff felt that the senior team were under pressure and did not always feel comfortable approaching them with any issues or concerns.

We saw examples where the practice had investigated complaints and provided a written apology in a timely manner. However, the practice did not maintain written records of verbal interactions as well as written correspondence to patients when things went wrong. There was limited evidence to demonstrate a clear understanding of the duty of candor although staff told us they worked in an open and transparent way and apologised to patients when things had gone wrong.

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

The practice valued feedback from patients, the public and staff. They were able to demonstrate that they sought feedback and this was considered when shaping and delivering the service. The practice had a patient participation group (PPG) until 2014 when the practice took the decision to disband it due to low numbers. This was replaced by a virtual patient group which currently has approximately 150 members. However the level of engagement the practice has with the patient group is very limited. The practice told us they planned to try to reinstate the active PPG in the future.

A patient survey was completed on October 2015 resulting in 30 responses. Feedback received was positive overall although some concerns were raised. For example in relation to the respondents' last experience of seeing a nurse, GP or using the dispensary service and the height of the chairs in the waiting room. The practice had considered the feedback and compared it with the previous year's results. However there was no measurable action plan in place.

The practice had displayed some individual patient comments they had received in the waiting room and their responding actions. For example one patient said they did not like waiting outside for their afternoon appointment as the door was locked until afternoon appointments began. The practice amended their policy to unlock the door 10 minutes earlier.

The practice gathered feedback from staff through staff meetings, appraisals and general discussion. Some staff told us they had difficulty approaching senior staff as they were so busy and appeared not to have time to listen to them. However staff told us they felt involved and engaged with planned improvements.

93% of patients who had completed an NHS Friends and Family test during 2016 said they were either extremely likely or likely to recommend the service to others. These results are shared at staff meetings.

Continuous improvement

Although the practice could demonstrate some examples of service improvement, the culture for continuous learning and improvement was not well embedded.

One of the partners was a board member of the local CCG and had been involved in many local service developments. This enabled the practice to remain in touch with, and implement the changes more readily. For example improvements in mental health and eating disorder services. The practice participated in local health networks to share and discuss innovation in practice and took part in local pilot schemes to improve outcomes for patients in the area such as the Healthy Child scheme. In addition the practice took part in research projects and supported trainee doctors.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had failed to; • Identify and manage the risks associated with safety incidents and complaints. • Establish safe recruitment procedures. • Ensure that appropriate chaperones were available to patients. • Ensure that procedures for managing medical emergencies and the appropriate equipment are accessible and ready for use. • Act on patient safety alerts, including MHRA alerts and updates to ensure that patients received safe, high quality care. This was in breach of regulation 12(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 The registered person had not ensured there were established procedures in place and operated effectively to; • Safeguard the needs of vulnerable adults and children.

This section is primarily information for the provider

Requirement notices

- Ensure there was adequate leadership and staffing in the dispensary and that systems and processes are followed to manage medicines in a safe way.
- Ensure that health and safety risks are identified and adequate control measures are in place. This should include monitoring associated action plans in a timely way.

This was in breach of regulation 17(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints The registered person had not ensured that there was a consistent approach to the management of complaints. The investigations were not always thorough enough to maximise opportunities for learning and improvement. Some patients had not received a clear apology. Complaints were not being shared or discussed with the practice team to improve the quality of care. This was in breach of regulation 16(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.