

Dr Leszek Piechowski and Partners

Quality Report

Dryland Medical Centre, 1 Field Street, Kettering,
Northamptonshire. NN16 8JZ.

Tel: 01536 518951

Website: www.drylandsurgery.co.uk

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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?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Leszek Piechowski and Partners on 7 June 2017. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- The practice had many clearly defined and embedded systems to minimise risks to patient safety. However, one of the processes relating to medicines management was insufficient.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The patients we spoke with or who left comments for us were very positive about the standard of care they received and about staff behaviours. They said staff

were professional, helpful, respectful and friendly. They told us that their privacy and dignity was respected and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns raised directly with the practice.
- Almost all patients were positive about access to the practice and appointments. Some patients said getting an appointment in advance could be difficult. However, those patients said access to urgent and same day appointments was good.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a leadership structure in place.
- The provider was aware of and complied with the requirements of the duty of candour.
- There were some weaknesses in the governance arrangements at the practice that could be strengthened to ensure the delivery of high quality care. The informal approach to nursing clinical supervision and nursing and non-clinical staff

Summary of findings

appraisal did not ensure that all staff had access to scheduled and documented supervision and appraisal of their skills, competencies, performance and development needs.

- Although some basic systems were in place, the practice's engagement with patients in the delivery of the service was limited.

The areas where the provider must make improvements are:

- Ensure an appropriate system is in place for recording and monitoring the collection of controlled drugs prescriptions.
- Ensure that all staff employed are supported by receiving appropriate supervision and appraisal.
- Ensure an appropriate system is in place to engage with and seek feedback from patients in the delivery of the service and respond to all patient comments.

The areas where the provider should make improvements are:

- Ensure that hand wash facilities meet the required specifications.

- Take steps to ensure that hot water temperatures at the practice are kept within the required levels.
- Ensure that an annual fire drill is completed.
- Ensure that all clinical staff have sufficient knowledge of the Deprivation of Liberty Safeguards (DoLS).
- Ensure a process is in place to monitor and log trends in relation to deceased patients.
- Ensure that patients have access to a range of information about the services available, health promotion and access to advice and support groups through the practice website.
- Ensure that new patient health checks and NHS health checks for people aged 40 to 74 years are available and that improvements are made to the uptake of these services and the flu vaccination.
- Continue to identify and support carers in its patient population.
- Ensure an appropriate baby changing facility is provided.
- Ensure that policies and procedures are easily accessible to all staff.

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



- There was an effective system in place for reporting and recording significant events.
- Lessons learnt were shared to make sure action was taken to improve safety in the practice.
- When there were unexpected safety incidents, patients received reasonable support and relevant information. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had many clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, one of the processes relating to medicines management was insufficient. The system in place for recording and monitoring the collection of controlled drugs prescriptions was insufficient. Some hand wash facilities in the patient toilets didn't meet the required specifications.
- There were procedures for assessing, monitoring and managing risks to patient and staff safety. However, some hot water temperatures were above required levels. The practice was overdue the requirement for an annual fire drill.
- Arrangements were in place to deal with emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were similar to local and national averages. For example, performance for diabetes related indicators was similar to the CCG and national averages. The practice achieved 94% of the points available with 7% exception reporting compared to the CCG average of 94% with 14% exception reporting and the national average of 90% with 12% exception reporting.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- The systems and processes in place for identifying the learning needs of nursing and non-clinical staff, appraising their

Summary of findings

competencies and performance and providing clinical supervision for nursing staff were informal. Despite this, we found staff at the practice were competent in their roles and had access to and completed the training they needed to undertake their roles effectively.

- Staff worked with other healthcare professionals and multi-disciplinary teams to understand and meet the range and complexity of patients' needs.
- End of life care was well coordinated with other services involved. However, the practice did not complete an audit of its deceased patients (commonly referred to as a death audit).
- Staff sought patients' consent to care and treatment in line with legislation and guidance. However, most GPs and nurses at the practice had little or no knowledge of the Deprivation of Liberty Safeguards (DoLS). (The Deprivation of Liberty Safeguards is a process used to lawfully deprive a person in a care home or hospital of their liberty in certain circumstances).
- A range of services were available to support patients to live healthier lives. However, at the time of our inspection uptake of the flu vaccination among those aged over 65 years was low. Access to new patient health checks and NHS health checks for people aged 40 to 74 years was limited.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the most recent National GP Patient Survey published in July 2016 showed that patients rated the practice similar to or above local and national averages for all 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. However, the practice website was basic and links to information about health advice, support groups and organisations were limited.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 136 patients on the practice list as carers. This was approximately 1.2% of the practice's patient list. At the time of our inspection the practice did not

Good



Summary of findings

proactively invite carers for or offer them an annual health review. The practice's provision for carers was limited and relied upon GPs taking responsibility for supporting and providing relevant information to the carers on their own patient lists.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, the practice provided an open access nurse treatment room service from 9am to 1pm Monday to Friday. The same service was provided on a pre-bookable basis from 2pm to 6pm Monday to Friday and also from 8am to 9am every weekday except Wednesday.
- Data from the most recent National GP Patient Survey published in July 2016 showed that patients rated the practice above local and national averages for access to the practice.
- Almost all patients were positive about access to the practice and appointments. Two of the 41 patients who left comments for us and one of the three patients we spoke with said getting an appointment in advance could be difficult. However, those patients said access to urgent and same day appointments was good.
- The practice had good facilities and was well equipped to treat patients and meet their needs. However, the baby changing facility was unsuitable and a potential safety risk to those using it.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised directly with them. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a leadership structure in place. The practice had a number of policies and procedures to govern activity and held regular governance meetings. However, these were mainly only

Requires improvement



Summary of findings

available in hard (paper) copy policy folders. During our review of these folders it was difficult to locate a specific policy. Most of the staff we spoke with said they also found it difficult to access the policies quickly and easily.

- The provider was aware of and complied with the requirements of the duty of candour.
- The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- There was a willingness to learn and improve at all levels within the practice and the practice team was forward thinking.
- The overarching governance framework at the practice attempted to support the delivery of the strategy and good quality care. However, we found there were some weaknesses in the governance arrangements at the practice that could be strengthened to ensure the delivery of high quality care. The approach to nursing clinical supervision and nursing and non-clinical staff appraisal did not ensure that all staff had access to scheduled and documented supervision and appraisal of their skills, competencies, performance and development needs along with the appropriate development plans to meet the needs of the staff and the practice. At the time of our inspection the system in place for recording and monitoring the collection of controlled drugs prescriptions was insufficient. We noted that for many of the issues or concerns we identified during our inspection, the practice took prompt action to respond.
- Although some basic systems were in place, the practice's engagement with patients in the delivery of the service was limited. From our conversations with staff we found that no real effort was made by the practice to engage with its virtual Patient Participation Group. Although the practice responded to patient concerns and complaints it received directly, it did not respond to any comments made indirectly on the NHS choices website.

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 requires improvement for providing safe services and for being well-led. The issues identified as requiring improvement affected all patients including this population group. There were, however, examples of good practice.

- 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.
- Older people had access to targeted immunisations such as the flu vaccination. At the time of our inspection uptake of the flu vaccination among those aged over 65 years was low. The practice had 2,470 patients aged over 65 years. Of those 1,217 (49%) had received the flu vaccination at the practice in the 2016/2017 year.
- There were 16 care or residential homes in the practice's local area. The GPs visited as and when required to ensure continuity of care for those patients.
- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for providing safe services and for being well-led. The issues identified as requiring improvement affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 72% of patients on the asthma register had their care reviewed in the last 12 months. This was similar to the CCG average of 76% and the national average of 76%.
- Performance for diabetes related indicators was similar to the CCG and national averages. The practice achieved 94% of the points available with 7% exception reporting compared to the CCG average of 94% with 14% exception reporting and the national average of 90% with 12% exception reporting.

Requires improvement



Summary of findings

- All newly diagnosed patients with diabetes were managed in line with an agreed pathway.
- 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 GPs and advanced nurse practitioners worked with relevant health and care professionals to deliver a multi-disciplinary package of care.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.

Families, children and young people

The practice is rated as requires improvement for providing safe services and for being well-led. The issues identified as requiring improvement affected all patients including this population group. There were, however, examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who may be at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard child 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 75% which was similar to the CCG and national average of 82%.
- Appointments were available outside of school hours and with the exception of the baby changing facility the premises were suitable for children and babies. Same day appointments were available for children.
- There were six week post-natal checks for mothers and their children.
- A community midwife was available at the practice three to four days each week.
- A range of contraceptive and family planning services were available.
- The practice participated in the C-Card scheme. This enabled anyone with a C-Card aged from 13 years to 24 years to attend the practice unannounced and access certain sexual health services. This included obtaining contraception and Chlamydia testing kits.

Requires improvement



Summary of findings

Working age people (including those recently retired and students)

The practice is rated as requires improvement for providing safe services and for being well-led. The issues identified as requiring improvement affected all patients including this population group. There were, however, examples of good practice.

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered online services such as appointment booking and repeat prescriptions as well as a range of health promotion and screening that reflects the needs for this age group. At the time of our inspection clinical staff told us that access to NHS health checks for people aged 40 to 74 years was limited. However, the practice had completed 374 of these checks in the past 12 months. Also, the practice website was basic and links to information about health advice, support groups and organisations were limited.
- The practice provided an electronic prescribing service (EPS) which enables GPs to send prescriptions electronically to a pharmacy of patients' choice.
- There was additional out of working hours access to appointments to meet the needs of working age patients. There was no lunchtime closure at the practice. There was extended opening every Saturday from 8am to 11.30am for GP pre-bookable appointments.
- The practice provided an open access nurse treatment room service from 9am to 1pm Monday to Friday. The same service was provided on a pre-bookable basis from 2pm to 6pm Monday to Friday and also from 8am to 9am every weekday except Wednesday.
- 60% of the practice's patients aged 60 to 69 years had been screened for bowel cancer in the past 30 months compared to the CCG average of 60% and the national average of 58%.
- 79% of female patients aged 50 to 70 years had been screened for breast cancer in the past three years compared to the CCG average of 77% and the national average of 73%.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for providing safe services and for being well-led. The issues identified as requiring improvement affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. There

Requires improvement



Summary of findings

were 78 patients on the practice's learning disability register at the time of our inspection. Of those, all had been invited for and 48 (62%) had accepted and received a health review in the past 12 months.

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other healthcare professionals and multi-disciplinary teams in the case management of vulnerable people.
- The practice had some information available for vulnerable patients about how to access support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had identified 136 patients on the practice list as carers. This was approximately 1.2% of the practice's patient list. At the time of our inspection the practice did not proactively invite carers for or offer them an annual health review. The practice's provision for carers was limited and relied upon GPs taking responsibility for supporting and providing relevant information to the carers on their own patient lists.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for providing safe services and for being well-led. The issues identified as requiring improvement affected all patients including this population group. There were, however, examples of good practice.

- 81% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was similar to the CCG average of 87% and the national average of 84%.
- Performance for mental health related indicators was similar to the CCG and national averages. The practice achieved 91% of the points available with 12% exception reporting compared to the CCG average of 96% with 15% exception reporting and the national average of 93% with 11% exception reporting.
- The practice regularly worked with other healthcare professionals and multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

Requires improvement



Summary of findings

- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access support groups and voluntary organisations.
- The staff we spoke with had a good understanding of how to support patients with mental health needs and dementia.
- A mental health trust well-being worker was based at the practice for two sessions every Tuesday. Patients could self-refer to these.

Summary of findings

What people who use the service say

The most recent National GP Patient Survey results published in July 2016 showed the practice was performing in line with or above (sometimes considerably above) local and national averages. There were 233 survey forms distributed and 112 were returned. This was a response rate of 48% and represented 1% of the practice's patient list.

- 88% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and the national average of 85%.
- 89% of patients described their experience of making an appointment as good compared to the CCG average of 73% and the national average of 73%.
- 87% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the CCG average of 76% and the national average of 78%.

We asked for CQC comment cards to be completed by patients prior to our inspection. We received 41 comment cards. We also spoke with three patients during the inspection. From this feedback we found that patients

were very positive about the standard of care received. Patients said they felt staff were professional, helpful, respectful and friendly and treated them with dignity and respect. They told us they felt listened to by the GPs and involved in their own care and treatment.

The majority of the patients we spoke with or who left comments for us were positive about access to the practice and appointments. However, of the 41 patients who left comments for us, two said getting an appointment in advance could be difficult. One of the three patients we spoke with reflected this view. However, those patients said access to urgent and same day appointments was good.

The practice made use of the NHS Friends and Family Test (FFT). The FFT provides an opportunity for patients to feedback on the services that provide their care and treatment. The results from December 2016 to March 2017 showed that of the two respondents, both (100%) were likely or extremely likely to recommend the practice to friends and family if they needed similar care or treatment.

Dr Leszek Piechowski and Partners

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 second CQC inspector and a GP acting as a specialist adviser.

Background to Dr Leszek Piechowski and Partners

Dr Leszek Piechowski and Partners provides a range of primary medical services from its premises at Dryland Medical Centre, 1 Field Street, Kettering, Northamptonshire, NN16 8JZ.

The practice serves a population of approximately 11,191. The area served is slightly less deprived compared to England as a whole. The practice population is mostly white British. The practice serves an above average population of those aged from 45 to 54 years and 65 years and over. There is a lower than average population of those aged from 0 to 4 years and 15 to 39 years.

The clinical team includes one female and three male GP partners, one female salaried GP, three advanced nurse practitioners, one treatment room nurse manager, two practice nurses, two treatment room nurses and one healthcare assistant. The team is supported by a practice manager, 11 other secretarial, administration and reception staff and three domestic staff. The practice provides services under a General Medical Services (GMS) contract (a nationally agreed contract with NHS England).

The practice is fully open (phones and doors) from 8am to 6.30pm Monday to Friday. There is no lunchtime closure at the practice. There is extended opening every Saturday from 8am to 11.30am for GP pre-bookable appointments. In general, appointments are available from 8.10am to 10.50am and 2.10pm to 6pm Monday to Friday, with slight variations depending on the doctor and the nature of the appointment.

An out of hours service for when the practice is closed is provided by Integrated Care 24 Limited.

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 our inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew about the practice. We carried out an announced inspection on 7 June 2017. During our inspection we spoke with a range of staff including three GP partners, one advanced nurse practitioner, the treatment

Detailed findings

room nurse manager, one practice nurse, the healthcare assistant, the practice manager and members of the reception and administration team. We reviewed a sample of the personal care or treatment records of patients to ensure safe systems and processes were in place. We spoke with three patients. We observed how staff interacted with patients. We reviewed 41 CQC comment cards left for us by patients to share their views and experiences of the practice with us.

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.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- The staff we spoke with were clear on the reporting process used at the practice and there was a reporting form available on the practice's computer system. The incident 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).
- We saw evidence that when things went wrong with care and treatment patients were informed of the incident, received reasonable support, truthful information and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of significant events. These were managed consistently over time.

We reviewed safety records and incident reports and minutes of meetings where these were discussed. Lessons learnt were shared to make sure action was taken to improve safety in the practice. For example, following an incident when a patient received the incorrect Hepatitis B vaccination regime/dosage, the practice reviewed and reinforced its protocol to prevent recurrence of the incident. This included providing a teaching session to staff.

We also looked at how the practice responded to Medicines and Healthcare products Regulatory Agency (MHRA) and patient safety alerts. We saw that a process was in place to ensure all applicable staff received the alerts and appropriate action was taken to respond to the alerts which kept patients safe.

Overview of safety systems and processes

There were many clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However one of the processes relating to medicines management was insufficient.

- There were adequate arrangements in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements and policies were accessible to all

staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding who was trained to the appropriate level. Staff had completed child and adult safeguarding training and GPs were trained to an appropriate level to manage child safeguarding concerns (level three). The staff we spoke with demonstrated they understood the relevant processes and their responsibilities.

- Notices around the practice 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 saw the practice was visibly clean and tidy. There were appropriate processes in place for the management of sharps (needles) and clinical waste. Hand wash facilities, including hand sanitiser were available throughout the practice. However, we saw that some hand wash facilities in the patient toilets didn't meet the required specifications. This was a potential scalding risk. The practice displayed notices to warn patients of the potential risk.
- The treatment room nurse manager and one of the GP partners were the infection control leads. There was an infection control protocol in place and an infection control audit was completed in April 2017. We saw evidence that action was taken to address any improvements identified as a result. Staff had completed infection control training and all of the staff we spoke with were knowledgeable about infection control processes relevant to their roles.

Most of the arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, recording, handling, storing, security and disposal). However one of the processes relating to medicines management was insufficient.

- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before

Are services safe?

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 (CCG) medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms were securely stored.

- Three advanced nurse practitioners had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The healthcare assistant was trained to administer certain vaccines and patient specific prescriptions or directions from a prescriber were produced appropriately.
- The system in place for recording and monitoring the collection of controlled drugs prescriptions was insufficient. We saw that when prescriptions for controlled drugs were collected by individuals, this was not documented in the appropriate patient's record or on any form of log or register and staff were unable to check who had collected the prescription and when. The practice responded appropriately and took immediate action to implement a system to record the collection of controlled drugs prescriptions.

We reviewed five personnel files and related documentation and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, satisfactory evidence of conduct in previous employment, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS).

Monitoring risks to patients

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

- There was a health and safety policy available with a poster displayed in a staff area which identified local health and safety representatives.
- The practice had up to date health and safety and fire risk assessments available. Where risks were identified the practice responded by completing all the necessary actions and implementing the appropriate control measures. A fire drill was last completed in January 2016

and we saw that another was scheduled for July 2017. This was overdue the requirement for an annual fire drill. There was a designated fire marshal within the practice and from our conversation with them we found they were confident and competent in that role.

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked and calibrated to ensure it was working properly.
- The practice had Control of Substances Hazardous to Health (COSHH) and Legionella risk assessments in place (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Where risks were identified the practice responded by completing all the necessary actions and implementing the appropriate control measures. The practice completed its own water temperature checks; however we found that some hot water temperatures were above the required level.
- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There was a system in place across all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system and emergency buttons on the computers in all the consultation and treatment rooms that alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator and emergency oxygen with adult and child masks available. These were checked and tested.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff to use.

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 people's needs. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective.
- By using such things as risk assessments and audits the practice monitored that these guidelines were followed.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice achieved 97% of the total number of points available compared to the CCG average of 98% and the national average of 95%. Data from 2015/2016 showed;

- Performance for diabetes related indicators was similar to the CCG and national averages. The practice achieved 94% of the points available with 7% exception reporting compared to the CCG average of 94% with 14% exception reporting and the national average of 90% with 12% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).
- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national averages. The practice achieved 87% of the points available, with 1% exception reporting, compared to the CCG average of 84% with 4% exception reporting and the national average of 83% with 4% exception reporting.

- Performance for mental health related indicators was similar to the CCG and national averages. The practice achieved 91% of the points available with 12% exception reporting compared to the CCG average of 96% with 15% exception reporting and the national average of 93% with 11% exception reporting.

There was evidence of quality improvement including clinical audit:

- We looked at the details of four clinical audits undertaken in the past two years. Some of these were full cycle (repeated) audits or part of a full cycle programme (scheduled to be repeated) where the data was analysed and clinically discussed and the practice approach was reviewed and modified as a result when necessary.
- Findings were used by the practice to improve services. For example, in May 2017 the practice completed an audit to check that all of its patients with Atrial Fibrillation were safely and appropriately anti-coagulated. (Atrial Fibrillation is a heart condition that causes an irregular and often abnormally fast heart rate). By analysing the results and modifying its approach to the management of these patients, the practice improved the number of patients receiving the appropriate treatment in accordance with guidelines. The process was ongoing at the time of our inspection and further improvements were expected as a result of the audit.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as confidentiality, fire safety and infection control.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources.

Are services effective?

(for example, treatment is effective)

- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. A process for revalidating GPs was in place and adhered to. However, the systems and processes in place for identifying the learning needs of nursing and non-clinical staff, appraising their competencies and performance and providing clinical supervision for nursing staff were informal. From our conversations with staff and our review of documentation we found there was no formal, structured or documented appraisal system in place for nursing and non-clinical staff. The same applied to the approach to the clinical supervision of nursing staff. Some of the staff we spoke with said they felt a formal approach wasn't necessary as they were able to access all of the supervision and training they required on an open door approach with senior staff. Some other staff told us they thought a structured and formal approach would be beneficial to them. Despite the informal approach, we found staff at the practice were competent in their roles and had access to and completed the training they needed to undertake their roles effectively.
- Staff received training that included: safeguarding, fire safety, infection control and basic life support. Most of the training was provided by the use of an e-learning facility.

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 shared information systems.

- 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 services 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. We saw evidence that multi-disciplinary team meetings to discuss the needs of complex patients, including those with end of life care needs, took place on a monthly basis. These patients' care plans were routinely reviewed and updated.

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. From our conversations with staff and our review of documentation we found the practice did not complete an audit of its deceased patients (commonly referred to as a death audit). There was no formal process in place for the practice to assure itself there was an understanding and analysis of such things as how many of their deceased patients were not on the palliative care register, how many had died from a non-cancer related condition and if their deceased patients had died where they wanted to.

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 most legislation and guidance, including the Mental Capacity Act (2005). However, from our conversations with staff, we found that most GPs and nurses at the practice had little or no knowledge of the Deprivation of Liberty Safeguards (DoLS). (The Deprivation of Liberty Safeguards is a process used to lawfully deprive a person in a care home or hospital of their liberty in certain circumstances).
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- We saw the process for seeking consent was well adhered to and examples of documented patient consent for recent procedures completed at the practice were available.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their smoking cessation and weight management. Patients were signposted to the relevant services when necessary.

The practice's uptake for the cervical screening programme in the 2015/2016 year was 75%, which was similar to the CCG and national average of 82%. There was a policy to

Are services effective?

(for example, treatment is effective)

offer reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. There were systems in 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 consequence of abnormal results.

Bowel and breast cancer screening rates were similar to local and national averages. Data for the 2015/2016 year showed that:

- 60% of the practice's patients aged 60 to 69 years had been screened for bowel cancer in the past 30 months compared to the CCG average of 60% and the national average of 58%.
- 79% of female patients aged 50 to 70 years had been screened for breast cancer in the past three years compared to the CCG average of 77% and the national average of 73%.

These were nationally run and managed screening programmes and there was evidence to suggest the practice encouraged its relevant patients to engage with them and attend for screening.

The practice achieved above the required 90% standard for childhood immunisation rates between April 2015 and March 2016. For example, 94% of children aged 1 year received their full course of recommended vaccinations and 94% of children aged 2 years received their Measles, Mumps and Rubella vaccination.

The practice participated in targeted vaccination programmes. This included the flu vaccination for children,

people with long-term conditions and those aged over 65 years. The practice had 2,470 patients aged over 65 years. Of those 1,217 (49%) had received the flu vaccination at the practice in the 2016/2017 year. We spoke with staff about the low uptake of the flu vaccination among the practice's population aged over 65 years. Some of the staff we spoke with said the practice made every effort to promote the flu vaccination. Some other staff told us little effort was made to encourage a good uptake of the flu vaccination by patients in this age group.

We spoke with clinical staff about patients' access to appropriate health assessments and checks. They told us that due to staff shortages the recent provision of health checks for new patients and NHS health checks for people aged 40 to 74 years had been limited. However, staff told us that staffing levels were improving and consequently the provision of these checks would improve. The practice had 5,233 patients eligible to receive a NHS health check. Of those 1,523 (29%) had received the health check with 374 of those completed in the past 12 months. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

- 81% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was similar to the CCG average of 87% and the national average of 84%.
- 72% of patients on the asthma register had their care reviewed in the last 12 months. This was similar to the CCG average of 76% and the national average of 76%.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and 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 area to discuss their needs.
- There were male and female GPs in the practice and patients could choose to see a male or female doctor.

The 41 patient Care Quality Commission comment cards we received were very positive about the service experienced and staff behaviours. The patients we spoke with said they felt the practice offered a good service and staff were professional, helpful, respectful and friendly and treated them with dignity and respect.

Patient comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the most recent National GP Patient Survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was in line with or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 88% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 86% 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 95% and the national average of 95%.
- 94% 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 the national average of 85%.

- 94% of patients said the nurse was good at listening to them compared to the CCG average of 91% and the national average of 91%.
- 91% of patients said the nurse gave them enough time compared to the CCG average of 92% and the national average of 92%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 96% and the national average of 97%.
- 92% 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 the national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

The patients we spoke with or who left comments for us told us they felt involved in decision making about the care and treatment they received. They said their questions were answered by clinical staff and any concerns they had were discussed. 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.

Results from the most recent National GP Patient Survey published in July 2016 showed that patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with or above local and national averages. For example:

- 96% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 87% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 90%.

Are services caring?

- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%.

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

- Translation services including British Sign Language (BSL) were available and a hearing loop was provided. We saw notices in the waiting areas informing patients an interpretation service was available.
- The NHS e-Referral service was used with patients as appropriate. (Often known to patients as Choose and Book, this is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

Patient and carer support to cope emotionally with care and treatment

Notices and leaflets in the patient waiting areas informed patients how to access a number of support groups and organisations. The practice website was basic and links to such information were limited.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 136 patients on the practice list as carers. This was approximately 1.2% of the practice's patient list. At the time of our inspection the practice did not proactively invite carers for or offer them an annual health review. However, carers were offered the flu vaccination. From our conversations with staff and our observations we found there was no dedicated carers' notice board or lead (champion) at the practice to provide information and advice and signpost carers to support services. We were told the GPs took responsibility for supporting and providing relevant information to the carers on their own patient lists. The senior staff we spoke with said they were aware that the practice's provision for carers was limited and they were planning on improving this in the near future.

We saw that the practice notified the appropriate staff of all recent patient deaths. From speaking with staff, we found there was a practice wide process for approaching recently bereaved patients. The GPs wrote to bereaved families offering condolences and an invitation to approach the practice for support and signposting them to local bereavement services.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended opening hours every Saturday from 8am to 11.30am for GP pre-bookable appointments. This assisted working patients who could not attend during normal opening hours.
- The practice provided an open access nurse treatment room service from 9am to 1pm Monday to Friday. The same service was provided on a pre-bookable basis from 2pm to 6pm Monday to Friday and also from 8am to 9am every weekday except Wednesday.
- All newly diagnosed patients with type two diabetes were referred for diabetic eye screening and to the DESMOND programme in adherence with National Institute for Health and Care Excellence (NICE) guidelines. (DESMOND is a NHS training course that helps patients to identify their own health risks and set their own goals in the management of their condition).
- The practice provided an enhanced service in an effort to reduce the unplanned hospital admissions for vulnerable and at risk patients including those aged 75 years and older. (Enhanced services are those that require a level of care provision above what a GP practice would normally provide). As part of this, each relevant patient received a care plan based on their specific needs, a named GP and an annual review. At the time of our inspection, 219 patients (2% of the practice's patient population over 18) were receiving such care.
- There were longer appointments available in various circumstances including for patients with a learning disability and those with multiple conditions.
- There were 78 patients on the practice's learning disability register at the time of our inspection. Of those, all had been invited for and 48 (62%) had accepted and received a health review in the past 12 months.
- Home visits were available for older patients and patients who would benefit from these.
- There were 16 care or residential homes in the practice's local area. The GPs visited as and when required to ensure continuity of care for those patients.
- Same day appointments were available for children and those patients with medical conditions that require same day consultation.
- The practice provided an electronic prescribing service (EPS) which enables GPs to send prescriptions electronically to a pharmacy of patients' choice.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Translation services including British Sign Language (BSL) were available and a hearing loop was provided.
- An accessible toilet facility with a call alarm was provided. The practice provided a baby changing facility in the female patient toilet. However, we found the facility was unsuitable and there was a potential safety risk to those using it. The practice took immediate action to respond by removing the notices promoting the facility and ordering a fit for purpose unit for installation.
- There was step free access to the main entrance and all clinical services were provided on the ground floor. The waiting areas were accessible enough to accommodate patients with wheelchairs and prams and allowed for manageable access to the treatment and consultation rooms.
- There were six week post-natal checks for mothers and their children.
- A community midwife was available at the practice three to four days each week.
- A range of contraceptive and family planning services were available. This included coil insertion and contraceptive implants.
- The practice participated in the C-Card scheme. This enabled anyone with a C-Card aged from 13 years to 24 years to attend the practice unannounced and access certain sexual health services. This included obtaining contraception and Chlamydia testing kits.
- Counselling services were available for patients with mental health issues. A mental health trust well-being worker was based at the practice for two sessions every Tuesday. Patients could self-refer to these.

Access to the service

The practice was fully open (phones and doors) from 8am to 6.30pm Monday to Friday. There was no lunchtime closure. There was extended opening every Saturday from 8am to 11.30am for GP pre-bookable appointments.

Are services responsive to people's needs?

(for example, to feedback?)

In general, appointments were available from 8.10am to 10.50am and 2.10pm to 6pm Monday to Friday, with slight variations depending on the doctor and the nature of the appointment. In addition to GP pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

Results from the most recent National GP Patient Survey published in July 2016 showed that patients' satisfaction with how they could access care and treatment was above (sometimes considerably above) local and national averages.

- 81% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 76% and the national average of 76%.
- 90% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and the national average of 73%.
- 91% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared to the CCG average of 85% and the national average of 85%.
- 97% of patients said their last appointment was convenient compared to the CCG average of 92% and the national average of 92%.
- 89% of patients described their experience of making an appointment as good compared to the CCG average of 73% and the national average of 73%.
- 72% of patients said they don't normally have to wait too long to be seen compared to the CCG average of 57% and the national average of 58%.

The majority of the patients who left comments for us were very positive about access to the practice and appointments. However, of the 41 patients who left

comments for us, two said getting an appointment in advance could be difficult. One of the three patients we spoke with reflected this view. However, those patients said access to urgent and same day appointments was good.

Information was available to patients about appointments on the practice website. Patients were able to make their appointments and repeat prescription requests at the practice or online through the practice website.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- A complaints procedure was available and adhered to.
- There were two designated responsible people who handled all complaints in the practice. These were one of the GP partners (the current practice chairperson) and the practice manager. For complaints of a clinical nature, the patient's own GP would also be involved.
- We saw that information was available to help patients understand the complaints system. A brief overview of the practice's complaints procedure was detailed on its website. A complaints procedure patient information leaflet was available from reception and complaints notices were displayed around the waiting areas.

We looked at the details of nine complaints received between April 2016 and March 2017. We saw these were all dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care or patient experience. For example, following a patient not receiving a call back from a GP the practice took steps to inform staff about and guide them through the task allocation system, including how they should be correctly labelled.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

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

- The practice had a statement of purpose detailing its aims and objectives. These included providing personalised, high quality services by working in partnership with patients and listening to them, supporting them and treating them with dignity and respect.
- The fortnightly business meeting attended by the GP partners and the practice manager was used to monitor the strategic direction of the practice throughout the year. The main area of strategic focus of the practice in the past year was stabilising the staffing levels after several GPs and nurses left the practice. From our conversations with staff we found the practice had made significant progress with this, with a number of new clinical staff either started in post or due to start imminently.

Governance arrangements

The overarching governance framework at the practice attempted to support the delivery of the strategy and good quality care. However, we found there were some weaknesses in the governance arrangements at the practice that could be strengthened to ensure the delivery of high quality care.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. All of the staff we spoke with were clear on the governance structure in place.
- Practice specific policies were implemented and were available to all staff. These were regularly updated and reviewed. However, these were mainly only available in hard (paper) copy policy folders. During our review of these folders it was difficult to locate a specific policy. Most of the staff we spoke with said they also found it difficult to access the policies quickly and easily.
- There was an understanding of the performance of the practice through the use and monitoring of the Quality and Outcomes Framework (QOF) data and other performance indicators.

- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- From our conversations with staff and our review of documentation we found that lessons were learnt and shared following significant events and complaints.
- The approach to nursing clinical supervision and nursing and non-clinical staff appraisal was informal. We found this did not impact on the competency of staff or their access to the appropriate training to complete their roles effectively. However, it did not ensure that all staff had access to scheduled and documented supervision and appraisal of their skills, competencies, performance and development needs along with the appropriate development plans to meet the needs of the staff and the practice.
- Although some basic systems were in place, the practice's engagement with patients in the delivery of the service was limited.
- At the time of our inspection the system in place for recording and monitoring the collection of controlled drugs prescriptions was insufficient. The practice responded appropriately and took immediate action to implement a system to record the collection of controlled drugs prescriptions.

Leadership and culture

The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. There was a clear protocol in place for how decisions were agreed and the meeting structure supported this.

The provider was aware of and had systems in place 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). The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected safety incidents:

- The practice gave affected people reasonable support and relevant information.

Are services well-led?

Requires improvement 

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

- They kept written records of verbal interactions as well as written correspondence.

There was a leadership structure in place.

- There was a regular schedule of meetings at the practice for individual staff groups, multi-disciplinary teams and all staff to attend. This included meetings with external healthcare professionals to discuss and monitor vulnerable patients. All staff had access to monthly protected learning time.
- Staff told us there was an open culture within the practice and they had the opportunity to raise and discuss any issues informally or at the meetings and felt confident in doing so and supported if they did.
- Staff said they felt respected and valued and knew who to go to in the practice with any concerns. Staff were involved in discussions about how to run and develop the practice and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- There were named members of staff in lead roles. We saw there were nominated GP leads for safeguarding and prescribing. There were also nurse led clinics for patients with diabetes and respiratory conditions such as asthma and chronic obstructive pulmonary disease. The leads showed a good understanding of their roles and responsibilities.

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

Although some basic systems were in place, the practice's engagement with patients in the delivery of the service was limited.

- The practice had a virtual Patient Participation Group (the vPPG is a community of online patients who work with the practice to discuss and develop the services provided). From our conversations with staff and our review of documentation we found that although the practice shared information with them about open events and public meetings their engagement with the

group was limited. The senior staff we spoke with told us that as the feedback received from the National GP Patient Survey published in July 2016 was very positive there was no real effort made to engage with the vPPG. We saw that the last PPG report available on the practice's website was from March 2015. This detailed some priority areas for the practice, but these were mainly practice led and not PPG led. However, there was some evidence to suggest the practice's last patient survey completed in 2015 was used to inform one of the priority areas.

- The practice made use of the NHS Friends and Family Test (FFT). The FFT provides an opportunity for patients to feedback on the services that provide their care and treatment. The results from December 2016 to March 2017 showed that of the two respondents, both were likely or extremely likely to recommend the practice to friends and family if they needed similar care or treatment.
- We saw that the practice responded to the concerns and complaints it received directly from patients. However, when comments were received indirectly it did not respond. From our review of the NHS choices website we saw that six separate comments had been left about the practice since March 2016. These were a mix of positive and negative comments. The practice had not publicly responded to any of the comments or concerns raised.

Continuous improvement

The practice team was forward thinking. The practice was affiliated to a local GP Federation and sent representation to monthly meetings. At the time of our inspection, the main focus of the practice's involvement with the GP Federation was working with them to improve same day access for patients. The practice also liaised less formally with four other local practices to share good practice and the learning from errors, incidents and events.

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 How the regulation was not being met: We found that the registered person had not fully protected people against the risk of inappropriate or unsafe care and treatment. The system in place for recording and monitoring the collection of controlled drugs prescriptions was insufficient. This was in breach of Regulation 12 (1) 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 How the regulation was not being met: We found that some systems designed to assess, monitor and improve the quality of services for or mitigate the risks relating to the health and safety and welfare of patients and staff were insufficient. Some quality assurance processes were insufficient. The informal approach to nursing clinical supervision and nursing and non-clinical staff appraisal did not ensure that all staff had access to scheduled and documented supervision and appraisal of their skills, competencies, performance and development needs along with the appropriate development plans to meet the needs of the staff and the practice. The practice's engagement with patients in the delivery of the service was limited. No real effort was made by the practice to engage with its virtual Patient Participation

This section is primarily information for the provider

Requirement notices

Group. The last practice patient survey was completed in 2015 and the last publicly available PPG report was from March 2015. Although the practice responded to patient concerns and complaints it received directly, it did not respond to any comments made indirectly on the NHS choices website.

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