Drs Pahwa and Pahwa

Quality Report

Bilston Health Centre
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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?	Requires improvement
Are services caring?	Requires improvement
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Requires improvement

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We completed a comprehensive inspection at Drs Pahwa and Pahwa Surgery on 27 November 2014. The provider also operates a branch surgery (Goldthorn Medical Centre) but we did not inspect the branch surgery as part of our visit. The overall rating for the practice is requires improvement. We found the practice required improvement in providing a service that is safe, effective, caring, responsive and well-led.

Our key findings were as follows:

- Systems in place were not robust to ensure patients received a safe service. Staff lacked an understanding of risk management to keep patients safe.
- There was some evidence of clinical audits, significant event analysis and best practice guidance in place. However, the practice was unable to show how it effectively used information and audits to drive improvements in patient outcomes.
- Services provided did not always demonstrate a responsive service. Patients did not always find it easy to access appointments including urgent appointments.
- Complaints processes did not ensure patients concerns were adequately addressed.
- The governance arrangements were not clearly defined to ensure effective management of risks and performance.

There were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure that robust systems to identify, monitor and manage risks to patients and others who use the service are put in place to protect patients from unsafe care. This includes risks relating to (but not exclusively) the premises, staffing, staff training, fire safety, records and prescriptions, potential emergencies.

Summary of findings

- Identify patients who are most at risk due to complexity of their disease or multiple co-morbidities so that their comprehensive care needs can be identified, planned and managed.
- Ensure staff undertaking chaperoning duties have an understanding of their role and responsibilities.
- Ensure that all appropriate equipment at the practice has been tested for electrical safety, calibrated and serviced regularly.
- Ensure appropriate recruitment checks are undertaken to protect patients from the risk of unsuitable staff.
- Review its processes for handling and managing complaints and ensure they are fully investigated as far as practicable. Patients should be made aware of the process for escalating complaints. Information from complaints should be used to support learning and service improvement.

In addition the provider should:

- Maintain accurate training records for staff and ensure that the learning needs of staff are identified to enable them to do their job effectively and where appropriate plans implemented to ensure those learning needs are met.
- Ensure staff are aware of processes to support all patients whose first language is not English so that they can access the healthcare they need.
- Improve information available to patients so that they can access support services relevant to their needs.
- Review the appointment system and identify how it may be improved. This should include raising awareness of the online booking system and informing patients as to how they can access it.
- Ensure the whistle blowing policy supports staff to report concerns appropriately. Staff should be made aware as to where they can report concerns if they do not feel able to within the practice.

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?

Requires improvement

The practice is rated as requires improvement for safe as there are areas where improvements must be made. Staff understood their responsibilities to raise concerns and report incidents and near misses. However, few issues had been raised. Patients were at risk of harm because systems and processes were not sufficiently robust to ensure patients were kept safe and in some cases were not in place at all. There was a lack of robust risk assessments in place to effectively manage risks and ensure appropriate action was taken to mitigate those risks. Recruitment processes were not thorough enough to ensure only suitable staff were employed and the risk of fire was not effectively managed. Insufficient information was available for the practice to understand and be assured about patient safety because the practice did not undertake routine monitoring and checks to identify and manage potential risks.

Are services effective?

Requires improvement

The practice is rated as requires improvement for effective as there are areas where improvements must be made. Reference to national guidelines is limited. Clinical audits did not follow through to full cycle to demonstrate improvements. We saw no evidence that audit was driving improvement in performance for patient outcomes. Some multidisciplinary working was reportedly taking place but was generally informal and associated record keeping was limited or absent. The practice had not specifically identified those with complex care needs who required further support. The appraisal process did not actively support staff learning needs to be met.

Are services caring?

Requires improvement

The practice is rated as requires improvement for caring as there are areas where improvements should be made. Data showed patients rated the practice lower than others for some aspects of care. The majority of patients said they were treated with compassion, dignity and respect. However not all felt cared for, supported and listened to. Information to help patients understand the care available to them was not always readily available.

Are services responsive to people's needs?

Requires improvement

The practice is rated as requires improvement for responsive. There was some evidence that the practice was co-operating with the NHS England Area Team and Clinical Commissioning Group (CCG) over priorities set for the area. However, the practice had no specific plans in place to actively identify and respond to the needs of the practice population. Patients were able to get continuity of care

Summary of findings

through their GP. The appointment system was not always working well with some patients finding it difficult to access appointments including urgent appointments in order to receive timely care when needed. The main practice had facilities which enabled patients with mobility difficulties to access the service. The complaints system was not sufficiently robust to ensure patients concerns were fully addressed.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for well-led as there are areas where improvements must be made. The practice did not have a vision and a strategy to deliver this. Staff were clear about their roles and responsibilities with the day to day running of the service. The leadership of the practice was limited to the GP partners who managed the practice. The practice had a number of policies and procedures to govern activity and these were up to date. However the governance arrangements were not sufficiently robust to ensure risks to patients were being effectively managed and to deliver service improvements. The practice sought some feedback from patients and had an active patient participation group (PPG) but information provided did not indicate concerns raised through the national patient survey were being addressed. All staff had received annual appraisals of their performance and attended staff meetings where they could raise any issues about the service. The whistleblowing policy did nto provide appropriate guidance for staff to easily raise concerns.

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 requires improvement for the care of older people. Nationally reported data showed that the practice outcomes for conditions commonly found in older people were mixed. Dementia diagnosis rates for the practice were lower than the national average but we were told that they were in the processes of identifying patients in order to develop appropriate plans of care for this group of patients. Although vaccination coverage for those over 65 years was in line with other practices in the CCG area. Coverage in the CCG was still below the England average and below the optimum protective target set by the World Health Organisation (WHO).

The practice had opted to offer the new enhanced service to follow up patients discharged from hospital. Enhanced services are services which require an enhanced level of service provision above what is normally required under the core GP contract. At the time of our inspection the GP told us that they were reviewing records and provided examples of follow up reviews undertaken as part of this. We saw examples of care plans that had been put in place for patients over the age of 65 years and those at the end of life. Patients who were housebound were able to receive home visits. The practice did not actively offer longer appointments but told us they were not strict about appointment times.

The rating for older people is requires improvement. This is because the provider was rated as requires improvement for safety, effective, caring, responsive and well-led. The concerns which led to those ratings apply to everyone using the practice, including this population group.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the population group of people with long term conditions. The GPs and practice nurse undertook annual reviews of patients with long term conditions. National data available showed the practice to be in line with other practices in the CCG area for the care of patients with long term conditions. The exception being diabetes in which the practice was an outlier and performing worse than other practices in the CCG area and nationally. There were no action plans in place to improve performance and outcomes for diabetic patients. Patients with deteriorating health were referred to secondary care but some patients described access to appointments including emergency appointments as difficult in order to get the healthcare support they

Summary of findings

needed. Home visits were available for patients who were unable to attend the practice . The practice did not actively offer longer appointments but told us they were not strict about appointment times.

The rating for people with long term conditions is requires improvement. This is because the provider was rated as requires improvement for safety, effective, caring, responsive and well-led. The concerns which led to those ratings apply to everyone using the practice, including this population group.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for population group of families, children and young people. Systems were in place for identifying children living in disadvantaged circumstances and who were at risk. However, there were no specific systems for following up patients such as children and young people who had a high number of A&E attendances or did not attend for immunisations. Immunisation rates for the standard childhood immunisations was mixed. For example Meningitis C immunisations were worse than the CCG average.

Children with deteriorating health were referred to secondary care but some patients described access to appointments including emergency appointments as difficult in order to get the healthcare support they needed. Emergency processes were in place for pregnant women who had a sudden deterioration in health through the midwife. Appointments were available outside of school hours and the main practice premises seen were accessible for pushchairs.

Baby checks were undertaken at the practice and one GP had specialist training in sexual health which enabled them to provide additional family planning services to patients. A male and female partner meant patients were able to be seen by a GP with the gender of their choice.

The rating for families, children and young people is requires improvement. This is because the provider was rated as requires improvement for safety, effective, caring, responsive and well-led. The concerns which led to those ratings apply to everyone using the practice, including this population group.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the population group of the working-age people (including those recently retired and students). The practice patient age profile is similar to the national average and consists mainly of patients who are of working age. Services were available that reflected the needs of patients in

this age group. The practice opened extended hours on two evenings each week until 7.30pm to accommodate the needs of working age patients. On-line booking for appointments had been introduced to make it easier for patients to book appointments. However there was very little information available informing patients about the on-line booking and how to access it.

The practice offered a range of services for the working age population, those recently retired and students. These included NHS health checks, cervical screening and most travel vaccinations. Uptake of these services was not monitored or actively followed up to encourage attendance. There was some health promotion material available at the practice but this was limited.

The rating for working age people is requires improvement. This is because the provider was rated as requires improvement for safety, effective, caring, responsive and well-led. The concerns which led to those ratings apply to everyone using the practice, including this population group.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the population group of people whose circumstances make them vulnerable. The practice is located in one of the most deprived areas in the country. The practice held registers for some vulnerable groups such as patients with learning disabilities and could identify patients who were at risk through alerts on patient records. Some staff had received training and had an understanding of how to recognise and what action to take if they were concerned a patient may be at risk of harm.

Annual health checks were available for patients with learning disabilities and we saw some evidence of this. Multi-disciplinary team working to support vulnerable patients with complex care needs was limited. There were no specific arrangements in place so that patients who were homeless could receive health care at the practice. The practice was also unable to adequately demonstrate how it supported all patients whose first language was not English to access the service.

The rating for people whose circumstances may make them vulnerable is requires improvement. This is because the provider was rated as requires improvement for safety, effective, caring, responsive and well-led. The concerns which led to those ratings apply to everyone using the practice, including this population group.

Summary of findings

People experiencing poor mental health (including people with dementia)

Requires improvement 

The practice is rated as requires improvement for the population group of people experiencing poor mental health (including people with dementia).

The practice had a register for patients with poor mental health. Data available nationally indicated that the practice was in line with other practices for the proportion of patients with a mental health care plan. The practice dementia diagnosis rates were lower than the national average however the GPs told us that they were starting to identify patients in this group in order to develop appropriate plans of care for them.

Clinical staff we spoke with had an understanding of the Mental Capacity Act and about the appropriate use of restraint which was documented. There was limited evidence of multi-disciplinary working with the mental health service in the case management of patients experiencing poor mental health or for the availability of information for relevant support organisations.

The rating for people experiencing poor mental health (including dementia) is requires improvement. This is because the provider was rated as requires improvement for safety, effective, caring, responsive and well-led. The concerns which led to those ratings apply to everyone using the practice, including this population group.

Summary of findings

What people who use the service say

During the inspection we spoke with six patients who were visiting the practice, including one member of the patient participation group (PPG). PPGs are an effective way for patients and GP surgeries to work together to improve the service and to promote and improve the quality of the care. We received mixed comments from patients we spoke with about the service they received. Patients told us that they were mostly satisfied with the service but found access to the appointments difficult and some patients did not feel they were always treated with respect.

Prior to the inspection we provided the practice with a comments box and cards inviting patients to tell us about their care. We found the comments box had not been appropriately sealed to ensure that only CQC staff viewed the contents. We received 34 responses the majority were positive with the exception of one which related to difficulty obtaining appointments.

We spoke with a member of the PPG. They told us that the PPG was active and met regularly. The PPG member was satisfied that the group was listened to and that action was taken in response to issues raised at the meetings.

Results from the latest National Patient Survey 2014 identified the practice as an outlier in terms of patient satisfaction. Scores were worse than other practices in the Wolverhampton Clinical Commissioning Group (CCG) area for obtaining appointments, satisfaction with GP consultations, opening hours and overall experience of the practice.

Areas for improvement

Action the service MUST take to improve

- Ensure that robust systems to identify, monitor and manage risks to patients and others who use the service are put in place to protect patients from unsafe care. This includes risks relating to (but not exclusively) the premises, staffing, staff training, fire safety, records and prescriptions, potential emergencies.
- Identify patients who are most at risk due to complexity of their disease or multiple co-morbidities so that their comprehensive care needs can be identified, planned and managed.
- Ensure staff undertaking chaperoning duties have an understanding of their role and responsibilities.
- Ensure that all appropriate equipment at the practice has been tested for electrical safety, calibrated and serviced regularly.
- Ensure appropriate recruitment checks are undertaken to protect patients from the risk of unsuitable staff.
- Review its processes for handling and managing complaints and ensure they are fully investigated as far as practicable. Patients should be made aware of the process for escalating complaints. Information from complaints should be used to support learning and service improvement.

Action the service SHOULD take to improve

- Maintain accurate training records for staff and ensure that the learning needs of staff are identified to enable them to do their job effectively and where appropriate plans implemented to ensure those learning needs are met.
- Ensure staff are aware of processes to support all patients whose first language is not English so that they can access the healthcare they need.
- Improve information available to patients so that they can access support services relevant to their needs.
- Review the appointment system and identify how it may be improved. This should include raising awareness of the online booking system and informing patients as to how they can access it.

Summary of findings

- Ensure the whistle blowing policy supports staff to report concerns appropriately. Staff should be made aware as to where they can report concerns if they do not feel able to within the practice.

Drs Pahwa and Pahwa

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a second CQC inspector. The team also included a specialist advisor GP and a specialist advisor practice manager with experience of primary care services.

Background to Drs Pahwa and Pahwa

Drs Pahwa and Pahwa are registered for primary medical services with the Care Quality Commission (CQC). The registered location is Bilston Health Centre and a branch surgery is located at Goldthorn Medical Centre. Patients were able to visit either site. During this inspection we only visited Bilston Health Centre.

The registered patient list size is approximately 3900 patients. The practice is open Monday to Friday 8am until 6.30pm. It closes at 1pm on Thursdays. On a Thursday afternoon an answerphone message directs patients to the Primecare service who provide cover during this time. Extended opening hours are available between 6.30pm and 7.30pm on a Tuesday at Goldthorn Medical Centre and Wednesday at Bilston Health Centre.

Staffing at the practice consists of two GPs who work across the two practice sites (one male and one female). A practice nurse who works three hours per week at the main practice and six reception staff at each site (three at each practice site).

The practice has a General Medical Service contract (GMS) with NHS England. A GMS contract ensures practices provide essential services for people who are sick as well as for example, chronic disease management and end of life care.

The practice is part of NHS Wolverhampton CCG Clinical Commissioning Group (CCG). The CCG serves communities across the borough, covering a population of approximately 261,000 people registered with 50 practices. A CCG is an NHS organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.

We reviewed the most recent data available to us from Public Health England which showed that the practice age distribution of patients at the practice was similar to the national average. The income deprivation score was higher than the England average.

The practice had opted out of providing out-of-hours services to their own patients. This service was provided by an external out of hour's service (Primecare).

Why we carried out this inspection

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

Detailed findings

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.

How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- 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)

We reviewed a range of information we held about the service and asked other organisations and health care professionals to share what they knew about the service. We also sent the practice a box with comment cards so that patients had the opportunity to give us feedback. We received 34 completed cards where patients shared their views and experiences of the service. We carried out an announced inspection on 27 November 2014. During our inspection we spoke with staff which included two GPs and two reception staff. We spoke with six patients who used the service. We observed the way the service was delivered but did not observe any aspects of patient care or treatment.

Requires improvement

Are services safe?

Our findings

Safe Track Record

The practice did not demonstrate that they routinely used a range of information to identify risks and improve quality in relation to patient safety. Monitoring of service provision in order to identify and understand risks was not always evident. Administrative staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.

We reviewed safety records and minutes of practice meetings where safety issues were discussed over the last year. There was some evidence that significant events and complaints had been discussed in these meetings but meeting notes for these were brief and did not determine what action if any had been taken and how this had led to service improvement. There was no formal evidence of patient safety alerts, patient safety audits and comments from patients being discussed at these meetings. The two GP partners told us that they discussed national patient safety alerts among themselves but did not formally document any discussions and action taken as a result of these. The information made available to us did not demonstrate that the practice had managed risk to patients consistently over time and could evidence a safe track record over the long term.

Learning and improvement from safety incidents

The practice had a system in place for reporting and recording significant events. Records were kept of the significant events that had occurred during the last 12 months, of which there were two. These were made available to us. The information provided in both cases related to clinical discussions about new diagnosis and unusual clinical presentations.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. There were policies in place for safeguarding children and vulnerable adults which staff could refer to if needed. These provided information on indicators of abuse and processes for staff to follow to raise a concern. We asked to see the practice training records, however the practice was not able to confirm that the practice nurse and all administration staff had received relevant role specific training on adult safeguarding. Training information seen related to safeguarding children only and staff we spoke with were unable to confirm whether their training had included vulnerable adults.

The practice had dedicated GP leads in safeguarding vulnerable adults and children who had received necessary training to enable them to fulfil this role (this was at the required level for GPs). All staff we spoke with were aware who these leads were and who to speak to in the practice if they had a safeguarding concern. Staff we spoke with were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact the relevant agencies. Contact details for safeguarding agencies were easily accessible to all staff.

There was a system to highlight vulnerable patients on the practice's electronic records. We saw that this included information so staff were aware of any relevant issues when patients attended appointments; for example children subject to child protection plans.

A chaperone policy was in place and visible on the waiting room noticeboard. Chaperone training had not been provided to reception staff who sometimes undertook these duties. Staff we spoke with did not have a clear understanding of their responsibilities when acting as a chaperone.

Patient's individual records were written and managed in a way to help ensure safety. Records were kept on an electronic system (EMIS) which collated all communications about the patient including scanned copies of communications from hospitals. We asked one GP if there had been any audits undertaken to assess the completeness of these records and to identify any action required to address any shortcomings identified. The GPs could not provide any evidence of this.

Medicines Management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a clear policy for ensuring medicines were kept at the required temperatures. This was being followed by the practice staff, and the action to be taken in the event of a potential failure understood.

Requires improvement

Are services safe?

Processes were in place to check medicines held at the practice were within their expiry date and suitable for use. We checked a sample of medicines and vaccines and found that these were all within their expiry dates. We spoke with the member of staff who ordered medicines, they explained that they rotated stock and some medicines such as hormone implants and travel vaccinations were ordered as and when needed to ensure they would be in date. Vaccines were administered by the GPs at the practice only.

We saw prescribing data from the local Clinical Commissioning Group (CCG). This showed that the practice was performing well in comparison with other practices within the CCG area in relation to antibiotic prescribing. This included low prescribing rates of potentially harmful antibiotics compared with both national and CCG data.

We asked to look at the management of high risk medicines which require regular monitoring in line with national guidance for example patients on anti-psychotic medication, lithium. However the practice had only one patient registered with this medicine. The GP told us that patients were placed on this medication at the hospital and were unable to explain why the numbers were low.

There was a system for repeat prescribing and staff were aware of this and able to talk us through the process. Staff who generated the prescriptions told us that they had been trained to do this. Any changes to patients' repeat medicines were managed by the GP who would review the patient records to ensure the changes were appropriate. We received no concerns from patients in relation to obtaining repeat prescriptions and the way in which their medicines were managed as part of this inspection.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were held securely but were not handled in accordance with national guidance. The monitoring system used for managing blank prescriptions by the practice did not provide an accurate record of the expected stock. Prescriptions are controlled stationary and require careful management because of the risk that stolen prescriptions could be used to unlawfully obtain medicines.

Cleanliness & Infection Control

We observed the premises to be clean and tidy. The landlords of the health centre in which the practice was located were responsible for the cleanliness of the building. The GP told us that they did not hold or review cleaning schedules in place to ensure appropriate standards were maintained. We asked the practice to send us copies of the cleaning schedules for the branch premises which was owned by the GP partners. The practice forwarded the completed cleaning schedules for November 2014.

One GP was the lead on infection control at the practice. An infection control lead is required to undertake further training to enable them to provide advice on the practice infection control policy and carry out staff training. We asked to see the training certificates for the lead; however these were not made available to us. We asked the provider for copies of the latest infection control audits for both sites, we were shown a copy of the infection control audit undertaken by the CCG in June 2014. The overall audit score was 95%, we saw evidence that some actions identified from the audit had been implemented such as completion of the daily cleaning checklists.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement control of infection measures. For example, hand hygiene, specimen handling and needle stick injuries. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in the consulting rooms. We saw gloves available to staff including staff who handled specimens. There were disposable curtains in the two consulting rooms however only one had been dated to show when it needed to be changed.

The practice had a policy for the management, testing and investigation of legionella (a germ found in the environment which can contaminate water systems in buildings). The practice told us that a legionella risk assessment and checks were carried out by the landlord at their main practice site but did not hold any evidence to confirm this was the case. The practice had undertaken an in-house risk assessment for legionella at the branch premises which had not identified any risks. There had been no expert advice sought in undertaking this risk assessment. We saw records that showed the practice was flushing infrequently used water points at it's branch site regularly in order to reduce the risk of infection to staff and patients from the legionella bacteria.

Equipment

Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations,

assessments and treatments. The practice would refer patients to hospital who needed an electrocardiogram (ECG) or Spirometry tests used to help diagnose heart and lung conditions. We saw evidence that portable electrical equipment had been tested, labels on electrical equipment showed this had been done two days prior to our inspection. The practice was unable to show us any maintenance and calibration records for equipment such as the medicines refrigerator or weighing scales. The GP told us that the equipment was new and under guarantee. There was no inventory of equipment held by the practice to ensure items requiring regular portable appliance testing (PAT), servicing and calibration were not missed.

Staffing & Recruitment

We looked at the personnel files for three members of staff members, two of whom had been recently recruited. Records we looked at were not comprehensive and did not contain evidence that appropriate recruitment checks had been undertaken prior to employment. For example, there was missing proof of identification, references and criminal records checks via the Disclosure and Barring Service (DBS) in the files. We asked to see the missing documentation and were told by the provider that they had some, but not all of this information, however it was not made available to us. The practice had a recruitment policy that set out the standards to be followed when recruiting clinical and non-clinical staff including pre-employment checks. However, evidence provided by the practice did not demonstrate that that this policy was being followed. We discussed this with the provider; they were unaware of the requirements detailed under Regulation 21 Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

There were no clear arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There had been a vacant nurse post for a number of years. The practice had recently recruited a practice nurse for three hours per week. Tasks normally completed by a practice nurse were generally completed by the GPs, for example cytology and vaccinations. The practice had also been without a practice manager for several years to oversee the day to day running of the practice.

The provider may wish to consider if this was the best use of resources and the impact that this had on the availability of appointments and management of risks.

There was little capacity to cover expected and unexpected staff absences. The two GP partners who were husband and wife told us that they took separate holidays to ensure there was GP cover and did not use locums. They told us that they had an agreement with another GP at the health centre to see patients in the event of their sickness or if necessary would get a locum to cover.

Monitoring Safety & Responding to Risk

The practice did not have robust systems and processes in place to manage and monitor risks to patients, staff and visitors to the practice such as routine checks of the building, the environment, equipment (including emergency equipment) and staffing. There were no risk logs in place for recording identified risks so that they could be assessed, rated and mitigating actions recorded to reduce and manage them. There were no formal arrangements for discussing risks and sharing findings as appropriate with the staff team.

The practice had a health and safety policy which had been signed by staff to say that they were aware of it. We asked to see health and safety audits for the main and branch sites and these were not provided. The practice told us that the checks were carried out by the landlord at their main practice site but had not sought any confirmation of this.

We asked one GP partner how they managed changing risks to patients including deteriorating health. The GP told us that there were some emergency appointments available and that they generally referred to secondary care if they had concerns about a patients. However, the majority of patients we spoke with on the day of our inspection told us that it was difficult obtaining an appointment even in an emergency and that they were told to attend the walk in centre in an emergency.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage some medical emergencies. The practice told us that all staff had received basic life support training and training records were made available which supported this. An emergency automated external defibrillator (AED) was available (used to attempt to restart a person's heart in an emergency). This was shared with other practices in the health centre but there was no access to oxygen for the practice. All staff asked knew the location of the emergency equipment. However, there were no records to confirmed that the

Requires improvement

Are services safe?

emergency equipment was checked regularly. One GP told us that another practice in the health centre took responsibility for checking the equipment but had not sought to confirm this was the case. We did however see that the defibrillator was charged and ready to use and that the pads were in date.

Limited emergency medicines were available. These were for the treatment of anaphylaxis only. The practice did not routinely hold stocks of other emergency medicines. The reason for this was there was an onsite community pharmacist. There was no protocol or risk assessment in place to assess and mitigate the potential risks to patients where emergency medicines were not available. There were processes in place to check the emergency medicines were within their expiry date and suitable for use.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice and actions required should they occur. They included power failure, unplanned sickness and access to the building. The document contained relevant contact details for staff to refer to in an emergency. For example, contact details of a heating company to contact in the event of failure of the heating system.

Arrangements to maintain fire safety at the practice were not robust. We asked to see fire risk assessments for the main practice and branch site but these were not made available to us. We were told by the practice that fire risk was managed by the landlord of the health centre at the main site and staff working at the main site confirmed that they had been involved in fire drills and that the alarm were tested weekly. We saw evidence that fire equipment had been checked at the branch site to ensure it was in working order if needed.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The two GP partners demonstrated an awareness of best practice guidance from the National Institute for Health and Care Excellence (NICE) and from local commissioners. They told us that they discussed any new guidance between themselves but did not formally document this with agreed actions identified. Until the last month the two partners had been the only clinical staff at the practice and therefore opportunities to discuss more widely new guidance were limited.

We were told that one of the GP partners specialised and had a diploma in sexual health. We saw evidence of recertification with the Royal College of Obstetricians and Gynaecologists that these skills were being maintained. This enabled the practice to offer additional services such as contraceptive implants. One GP also told us about learning and education sessions run by the local Clinical Commissioning Group that they attended to update and maintain their knowledge.

There were no specific clinics for the management of long term conditions. There were registers in place for patients with long term conditions but reviews were largely opportunistic and the GPs undertook reviews of the patients as part of normal surgery. Since starting work at the practice a month ago the practice nurse was supporting reviews of patients with chronic obstructive pulmonary disease (COPD). Information we held about the practice showed that the practice had a higher than the national average number of emergency admissions for the 19 identified ambulatory care sensitive conditions per 1,000 population. Ambulatory care sensitive conditions are long-term conditions such as diabetes and hypertension which active management in the community can reduce the need for hospital treatment. The practice had not specifically identified patients with complex needs whose care would benefit from personalised care plans. However we did see examples of personalised care plans in place for patients over 75 years and evidence from these showed that patients were reviewed following discharge from hospital.

One GP partner showed us data from the local CCG of the practice's performance for antibiotic prescribing which compared well to other practices in the CCG area. The practice had undertaken an audit reviewing the management of patients on the heart failure register receiving specific treatment. However the audit was not dated and had not completed a full audit cycle in order to identify whether there had been any improvements made.

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

Management, monitoring and improving outcomes for people

Prior to the inspection we asked the practice to send us two completed clinical audit cycles and a summary of any other audits including actions or outcomes taken as a result of these. The practice sent us two clinical audits that had been undertaken, one of these had been undertaken within the last year the other was not dated. Neither of these were completed audits where the practice was able to demonstrate the changes resulting since the initial audit. Following our inspection the practice sent a further audit relating to contraceptive procedures undertaken at the practice in the last 12 months. This had also not completed the full audit cycle but did not highlight any concerns.

One GP told us that they used information collected for the Quality Outcomes Framework (QOF), a national performance measurement tool, to monitor outcomes for patients. The latest information we held about the practice showed that the QOF points achieved were slightly lower than the national average. We saw that outcomes for patients with diabetes were lower than the national average. The GP explained the rational for this but had not put in place any actions to address the issue.

The practice did not demonstrate a culture of audit and quality improvement. There was limited evidence to show that the practice made use of clinical audit tools and information available to review performance and identify how outcomes for patients could be improved.

Effective staffing

Practice staffing included medical, nursing and administrative staff. We reviewed a selection of staff

training records; we found these to be disorganised and difficult to follow. In the absence of certificates we were unable to confirm that all staff had received, for example, safeguarding training.

Both GPs told us they kept up to date with their yearly continuing professional development requirements and we saw that they kept up to date with their annual appraisals. Every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practice and remain on the performers list with NHS England.

We discussed appraisals with reception staff; they confirmed they had been undertaken. We saw evidence of reviews of past appraisals and learning plans. We looked at a selection of staff appraisals, we found these lacked detail. These recorded that staff had identified their own learning needs but contained no evidence that these learning needs had been discussed or agreed.

The practice had been without a nurse for a number of years and had only recently employed a nurse for three hours each week. We spoke with the nurse briefly over the telephone. They told us that their main duties were to review patients with chronic obstructive pulmonary disease and undertake NHS health checks. We saw from their training records that they had received training in areas such as cytology, childhood immunisations and seasonal flu but, at the time of our inspection, were not undertaking this work at the practice.

Working with colleagues and other services

The practice worked with other service providers to meet people's needs and help manage their health conditions. Reception staff told us how they managed information such as medical test results, letters from hospitals and out of hours providers. These were received electronically and by post. Information received was scanned onto the patient records and passed on to the GP daily. The GP was responsible for acting on information required. Staff we spoke with did not have any concerns about the process and there were no recorded incidents in which the practice had identified that information was not followed up appropriately, although this was not monitored.

One GP told us that the practice had opted to provide the new enhanced service to follow up patients discharged from hospital. Enhanced services are services which require an enhanced level of service provision above what is normally required under the core GP contract. The GP told us that they were currently reviewing records and provided examples of follow up reviews undertaken for unplanned admissions. The practice had not undertaken any audits to date to identify whether any follow-ups had been missed.

The practice did not hold multi-disciplinary meetings to discuss the needs of patients with complex needs for example those with end of life care needs to ensure important information was shared. One GP told us this was because they only had a small number of palliative care patients and it was difficult to get the palliative care nurses to attend. We spoke with one healthcare professional who was running a clinic at the practice during our inspection. They told us that they did not hold any specific meetings with the practice but could speak with the GPs if they had any concerns and to share information about patients if needed.

Information Sharing

We discussed with the practice how it shared information where appropriate with other providers to ensure patients received continuity of care. The practice told us that they shared information as appropriate with the out of hours provider by fax but was unable to provide us with any examples of this when asked. For emergency patients, there was a practice system of providing a printed copy of a summary record for the patient to take with them to A&E. We were showed how this task was undertaken using the electronic patient record system.

The practice used the Choose and Book system to make referrals. The Choose and Book system enables patients to choose which hospital they will be seen in and to book their own outpatient appointments in discussion with their chosen hospital. The practice told us that approximately 60% of referrals were made using this system.

The practice had systems in place to provide staff with the information they needed. An electronic patient record (EMIS web) was used by all staff to coordinate, document and manage patients' care. Staff told us that they had received training on this system when it had been installed approximately two years ago. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

Consent to care and treatment

Requires improvement

Are services effective?

(for example, treatment is effective)

We found that the GP we spoke with was aware of the Mental Capacity Act 2005 and the Children's and Families Act 2014 and their duties in fulfilling it. Although they did not have any specific examples as to how they had implemented the legislation in practice. There was no evidence from the training records that any staff at the practice had received specific training in the Mental Capacity Act.

We asked how patients such as those with learning disabilities or dementia were supported to make decisions. We saw evidence from patients' records that patients understanding of what they were being told had been checked. Data we had available identified lower dementia diagnosis rates for the practice compared to the national average. One GP we spoke with told us that they were currently in the processes of identify patients with possible dementia which would enable them to plan the patients care with their involvement.

The practice did not undertake minor surgery but did carry out family planning procedures including contraceptive implants and fitting of intrauterine devices. We asked to see and were shown an example of consent that had been obtained from the patient for a family planning procedure. No audits had been taken to confirm consent processes were consistently being followed.

The practice had not had an instance where restraint had been required in the last three years but staff were aware of the distinction between lawful and unlawful restraint and had documented this within their safeguarding policy.

Health Promotion & Prevention

The GP partners told us that they attended CCG meetings regularly which enabled them to reflect on local performance and the provision of local services.

The practice offered some services which enabled them to identify patients who might need additional support. Staff told us that all new patients registering with the practice were offered a health check. The practice also offered NHS Health Checks to all its patients aged 40-74. These were carried out by a GP who was able to follow-up any health concerns detected in a timely manner. However, we did not see any information available informing patients about the NHS Health Check and practice staff told us that they did not actively send out letters to invite patients to attend. The practice did not have any data readily available as to how many of the patients had taken up the offer of a health check. The practice kept a register of patients with learning disabilities and we saw evidence of annual health checks that had been carried out for this group of patients. Staff told us that they did not provide smoking cessation services directly but these were provided from the same health centre as the practice. We did not see any evidence of any referrals made to this service.

The practice offered other health promotion and prevention services including a range of family planning services and cervical screening to patients. Children's immunisations, travel vaccines (with the exception of yellow fever) and flu vaccinations were also available. Data available to us showed a mixed performance with child immunisations compared with the CCG average with some immunisations performing slightly below the CCG average. For example 80% of two year olds had received their meningitis c booster; the average across Wolverhampton was 88%. Staff told us that the practice did not have a policy to actively follow up patients who did not attend cervical screening or immunisations, and that this was done centrally.

There was very little health information available for patients at the practice in the waiting area and the televisions available displayed information relating to another practice.

Requires improvement

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey 2014 and a patient satisfaction questionnaire carried out by one of the GPs. The data from these sources showed a mixed response from patients in terms of satisfaction with the service. The patient survey carried out by one of the GP partners provided positive feedback from patients about the care they received from this particular GP. The national patient survey showed the practice scored below the CCG and national average for patients rating their overall experience as good or very good. The practice was also below the CCG average for its satisfaction scores on consultations with doctors with 67% of practice respondents saying the GP was good at listening to them and 62% saying the GP gave them enough time.

Patients completed CQC comment cards to provide us with feedback on the practice. We received 34 completed cards and the majority of which were positive about the service experienced. Patients told us that they were happy with the service and staff were efficient and helpful. They also told us that the staff treated them with dignity and respect. We also spoke with six patients on the day of our inspection. They were also satisfied overall with the care provided by the practice and said their dignity and privacy was respected. Although, four patients we spoke with raised access to appointments as an issue.

We saw that consultations and treatments were carried out in the privacy of a consulting room. Disposable curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We saw that staff were careful to protect patient confidentiality. We spoke with a member of the PPG who told us that they had discussed confidentiality issues at one of their meetings. We saw that the reception desk was set back from the main seating area and a notice displayed asking patients to respect each others privacy at the reception desk. This helped to prevent private conversations between patients and reception staff from being overheard.

There was a male and female GP available at the practice so patients had the option of receiving gender specific care and treatment.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed that some patients did not feel involved in planning and making decisions about their care and treatment and generally rated the practice lower than other practices. For example, data from the national patient survey 2014 showed the practice had a lower proportion of respondents that said the GP involved them in care decisions and who felt the GP was good at explaining tests and treatment to them than other practices in the local CCG area. Results from one of the GP partner's satisfaction survey indicated that 98% of patients felt involved in decisions about their care.

Four out of the six patients we spoke to on the day of our inspection told us that they felt involved in decisions about their care and treatment and that they felt listened to. Patient feedback on comment cards did not raise any concerns about this. Patients described the doctors as helpful and told us that they listened to them.

Staff estimated that approximately 30% of the practice population did not speak English as their first language. Staff told us that translation services were available for patients who did not have English as a first language and that the GP could speak additional languages. However, reception staff were not aware as to how to contact the translation services if needed and told us that they had not been used within the last year. The practice did have a hearing loop installed to support those who were hard of hearing.

Patient/carer support to cope emotionally with care and treatment

The practice had very little information available in the waiting room or on the website to signpost patients to support groups and other organisations. This information would help patients to find out more about their condition and where they can obtain further advice and support. We spoke with one GP about how they supported patients to

Requires improvement

Are services caring?

access such services and they advised us they would print off information from the computer if needed. We saw evidence of care plans in place for patients over 75 years but did not see that isolation as a risk factor had been considered as part of the process.

The practice had a carers register. There was a notice displayed asking patients to identify themselves as a carer so that they could be identified. However, there was no evidence that the carers register was actively used to direct carers to support available to them.

There were no specific arrangements for following up families who had suffered bereavement, although the GP we spoke with told us that they would telephone them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

There had been limited work by the practice to identify patients who were most at risk due to the complexity of their disease or multiple co-morbidities. This information would enable the practice to put in place systems to ensure the needs of these patients were addressed. The practice had however developed personalised care plans for those over 75 years and disease registers were in place for patients with learning disabilities and poor mental health.

The practice engaged with the local Clinical Commissioning Group (CCG) to deliver local priorities. For example we saw that they were engaged in the prescribing benchmarking activity. One GP also told us that they were participating in a programme to support adolescents with diabetes, known as the WICKED project (Working with Insulin, Carbs, Ketones and Exercise to manage Diabetes).

There was a stable GP partnership which enabled a good continuity of care for patients who were able to see the GP of their choice. Feedback received from patients told us that they had been with the same GPs for many years. There were no specific arrangements in place to provide longer appointments for patients who may need it. One GP told us they would not be strict about the 10 minute rule if someone took longer. However, lack of provision for longer appointments when needed could impact on waiting times for other patients.

We saw a copy of the Patient Participation Group report 2013-2014. The report showed that the group had reviewed and discussed the findings from the national patient satisfaction survey and agreed an action plan. For example, access to online appointments and repeat prescriptions which had been put in place. However, the results discussed by the practice did not reflect those seen on the national GP survey website. Further investigation indicated there had been an error on the NHS choices website in which the results shown against this practice actually belonged to another practice.

The practice had implemented the gold standards framework for end of life care but had not had a meeting for approximately seven months. They told us that this was because they had difficulty getting the palliative care nurse to attend. There were no specific internal arrangements in place to discus the care and support needs of patients and their families on the palliative care register.

Tackle inequity and promote equality

The practice was not able to demonstrate that it had considered different groups in the planning of its services. For example those with learning disabilities or carers. There were no specific arrangements to support patients with no fixed abode access healthcare at the practice. Staff told us that new patients would be required to complete a registration form with appropriate documentation.

The practice told us that they had high proportion of patients whose first language was not English. There was a booking in screen available in several languages. Reception staff told us that the GPs could speak a second language but the languages were not advertised so that patients would be aware. Reception staff were not able to recall when they had last accessed any translation services and were unable to find any contact details or show us what they would do.

Of the two reception staff we spoke with only one had said they had received any training in equality and diversity. However there were no certificates or training records available to confirm this.

The main practice site was a purpose built health centre which met the needs of patients with disabilities. Access into the premises was via ramp and automatic doors. There were disabled toilet facilities available. The practice was situated on the ground floor of the building with wide corridors and large waiting area which could accommodate patients with wheelchairs and pushchairs and allowed for easy access to the consulting rooms. The reception desk was low so that patients who used a wheelchair could easily speak with reception staff. The practice website informed visitors to the practice that the premises had suitable access for disabled patients and had baby changing facilities.

Access to the service

Patients could access appointments at either the main or branch site. Opening hours across the two sites ranged from 8am to 6.30pm on weekdays. With the exception of Thursdays when the practice closed at 1pm. There were extended hours on two evenings each week between

Are services responsive to people's needs?

(for example, to feedback?)

6.30pm and 7.30pm. When the practice was closed patients were able to contact another provider if they needed health care support, the contact number was available at reception and via a voice recording on the practice answerphone. Information was also available to patients about appointments and how to contact the out of hours service on the practice website. This included how to arrange urgent appointments.

Four out of the six patients we spoke with on the day of our inspection were not satisfied with the appointment system. They told us that they would normally wait between 10 days and two weeks for an appointment. Four of the six patients we spoke with said they were unable to get an appointment in an emergency. Two patients told us that they had gone to the walk in centre because they could not get an appointment at the practice. Feedback from the latest national patient survey showed that 54% of patients were able to get an appointment the last time they wanted to see or speak to a GP or nurse at the surgery. This was lower than other practices in the Wolverhampton CCG area.

Online booking was available at the practice, however information about this service was not well advertised. We did not see any information displayed in the practice or on their website informing patients about the online booking and how to access it. Although, reference had been made to it in the practice leaflet there were no practice leaflets available for patients to take away.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns and this was detailed in their complaints policy. Information provided did not assure us that the complaints policy and procedures were complied with in line with recognised guidance and contractual obligations for GPs in England.

We saw that information was available on the practice website advising patients of the name of the lead person for handling complaints. There was also a poster displayed in the waiting area which advised patients to speak to a GP or reception staff should they have a complaint. However, information provided to patients was not sufficiently detailed to inform them where to go if they were not satisfied with the response received.

Three of the six patients we spoke with during our inspection said they had raised a verbal complaint about the practice. The practice told us that there had been three complaints in the last 12 months. None of the complaints had been investigated. In each of the three cases the practice had acknowledged the complaint but had asked for further information to investigate. As no further information had been received no further action had been taken. There was no evidence that complaints were discussed with staff to identify trends and ensure any lessons had been learnt from them. This did not provide adequate assurance that complaints were satisfactorily handled and used to support service improvement.

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 did not have a clear vision as to what it wished to achieve and there was no formal documented plans in place. One of the GPs we spoke with told us that they were a family practice and many of their patients had grown up with them and they knew the families well. We saw that patient charter was available on the practice website which gave patients details of the care they had a right to expect. For example; to be registered with a named doctor and be referred to for specialist or second opinion, if they and the GP agrees.

Governance Arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff electronically on the practice computers. We looked at some of these policies and procedures and saw two examples where staff had signed to confirm they were aware of the policies. The policies and procedures we looked at were dated within the last 12 months.

The practice was a GP partnership. They were the only clinical staff at the practice until the recruitment of the practice nurse in the previous month. The GP partners told us that they tended to discuss issues arising among themselves. There were no formal documented governance meetings to discuss issues relating to performance, quality and risks. GPs told us that they saw this as the local CCGs role.

One GP we spoke with told us that they reviewed Quality and Outcomes Framework (QOF) data and discussed this with their partner. However, this was not formally documented to demonstrate what action was being taken to improve QOF targets.

The practice did not have robust arrangements for identifying, recording and managing risks. The staff did not demonstrate a good understanding of risk management. There were no formal arrangements in place for routinely discussing and monitoring risks to the practice and patients and for ensuring they were effectively managed. There was no systematic programme of clinical and other audits to monitor quality and systems in place by the practice. We saw evidence of clinical audits however, these were not always completed to ensure a full audit cycle and that improvements had been made.

Leadership, openness and transparency

The practice lacked clear leadership to ensure risks to the practice were effectively managed on a day to day basis. There was no practice manager in place and the practice nurse who had recently been employed worked for only three hours each week. The GPs were therefore responsible for the vast majority of clinical work which left little scope for overseeing the management, performance and quality monitoring aspects of the service.

Reception staff told us that they understood their roles and responsibilities and that they found the GPs approachable if they wanted to discuss anything with them. Practice meetings were held approximately every three months. However, we found the minutes from these meetings lacked structure and had little detail for future reference. There were no clear actions or clear lines of accountability for taking forward any actions required.

The GPs were responsible for human resource policies and procedures. There was a staff handbook which included the equality opportunities and whistleblowing policies. However, staff spoken with during the inspection did not have a copy of it.

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

The practice had gathered feedback from patients through individual GP surveys undertaken as part of the GP revalidation process and the national patient survey. The patient website also invited patients to speak with a member of staff if they have any comments or suggestions. We saw the results for one of the GP partners individual patient survey but not the other. The results from this were positive. The practice had also reviewed some of the results from the national patient survey with the patient participation group and identified actions from this. However, we noticed that the results discussed with the patient participation group differed and were better than the results available on the GP patient survey website.

The practice had an active patient participation group (PPG) and we spoke with a member of this group. We saw minutes from the last two meetings and a copy of the PPG

Are services well-led?

Requires improvement

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

annual report detailing PPG activity during the year and an agreed action plan. The report stated that there were six members which covered a diverse group of patients and an age range which included patients in the working age and older people population groups. The PPG report and action plan was available on the practice website. Actions identified with the PPG included the introduction of on line booking for appointments and making the practice leaflet available on the website. We saw that both these actions had been implemented.

There were some opportunities for practice staff to provide feedback. Practice meetings were held approximately every three months, staff also received annual appraisals. Staff we spoke with told us that if they had any concerns they could speak directly with a GP although did not have any specific examples of any action that had been taken in response to staff feedback.

The practice had a whistle blowing policy which was included in the staff handbook and electronically on any computer within the practice. Staff had signed to say they had seen this policy. We noticed from the whistleblowing policy that staff had been advised to report concerns to one of the GP partners. Given that the partnership consisted of a husband and wife and there was no practice manger, no independent provision had been identified for reporting concerns if it was about one of the GPs. There was also no mention as to where the member of staff could go outside of the practice to report their concerns.

Management lead through learning & improvement

Until recently, clinical staff working at the practice consisted of just the two GP partners. The GP provided us with evidence to show how they maintained their clinical professional development and were working towards their revalidation. The practice nurse had only been employed in the last month to work three hours per week and so information relating to their continuing professional development at the practice was limited.

Reception staff told us that they had received some training such as training in the use of the IT system and CPR. However not all staff had received safeguarding training, for example, and records maintained were not easily followed. We saw evidence that staff received annual appraisals. These had identified some learning needs but no plans as to how these would be met.

The practice had completed reviews of significant events and shared these with staff via meetings to ensure the practice improved outcomes for patients. Examples seen related to raising awareness of unusual clinical symptoms. However the practice was not proactive in the use of information available to improve service provision.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers The registered person must protect service users, and others who may be at risk, against the risks of inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to enable the registered person to identify, assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk from them carrying on of the regulated activity. The practice did not have effective systems to: · Monitor safety of the environment including arrangements for fire safety and legionella. · Ensure only suitable staff are employed through appropriate recruitment checks. · Maintain equipment for suitability and safety. · Manage medical emergencies. · Manage blank prescriptions. · Monitor complaints and respond to feedback from patients. Regulation 10 (1)(a)(b) (2)(a)(b)(i)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services The registered person must take proper steps to ensure that each service user is protected against the risks of receiving care or treatment that is inappropriate or unsafe.

This section is primarily information for the provider

Compliance actions

The practice did not have systems in place to identify patients who were at risk due to the complexity of their disease or co-morbidities so that their comprehensive care needs could be identified, planned and appropriately managed in a co-ordinated way.

Chaperone duties were undertaken by staff that did not have a clear understanding of their duties so that they could provide appropriate support to patients or that had DBS clearance to work with vulnerable people.

Regulation 9 (1)(a)(b)(i)(ii)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers The registered person must have robust recruitment process in order to ensure that persons employed for carrying on a regulated activity are of good character, have the qualifications, skills and experience which are necessary for the work to be performed and are physically and mentally fit for that work. Ensure that information specified in Schedule 3 is available and that a person employed for the purposes of carrying on a regulated activity is registered with the relevant professional body. Appropriate recruitment checks had not been undertaken prior to the employment of new staff to ensure only suitable staff were employed. Regulation 21(a)(i)(ii)(iii) (b) (c)(i)(ii)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 16 HSCA 2008 (Regulated Activities) Regulations 2010 Safety, availability and suitability of equipment The registered person must make suitable arrangements to protect service users and others who may be at risk from the use of unsafe equipment by ensuring that equipment provided for the purposes of the carrying on of a regulated activity is properly maintained and suitable for its purpose.

This section is primarily information for the provider

Compliance actions

The practice did not have suitable systems in place to ensure equipment was properly maintained. There was no evidence that calibration checks on appropriate equipment had been carried out.

Regulation 16 (1)(a)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010 Complaints The registered person must have an effective system in place for identifying, receiving, handling and responding appropriately to complaints and comments made by service users, or persons acting on their behalf, in relation to the carrying on of the regulated activity. Systems for handling complaints did not ensure they were appropriately responded to. Regulation 19 (1)(2)(a)(b)(c)